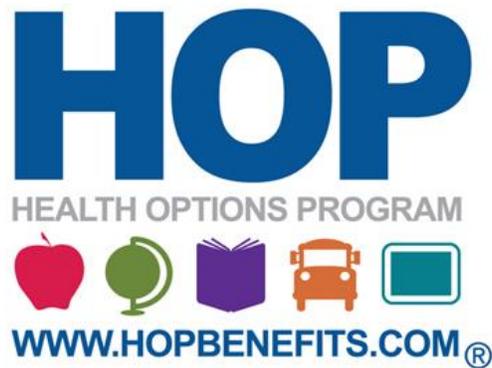


Commonwealth of Pennsylvania  
Public School Employees' Retirement System

2015

Medicare Advantage Plans, and  
Pre-65 Managed Care Plans  
Premium Rates and Benefits  
Compared to the Self-Funded Plans

Of The



July 22, 2014

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## Summary

### PSERS HOP Invitation for Application (IFA) 2014-01 – March 21, 2014

PSERS posted the Invitation for Application documents for managed care organizations to apply to provide Medicare Advantage and pre-65 managed care plans for the 2015 Health Options Program. A nonbinding letter of intent to apply was due April 14, 2014. The fully completed technical application was due May 12, 2014 and 2015 proposed rates were due on June 9, 2014. A revision to the IFA was posted June 19, 2014 and all managed care organizations submitting a application were notified of the revision. Final plan designs and 2015 rates, including any revisions requested by PSERS, were due July 8, 2014.

PSERS received applications from the following Medicare Advantage and companion pre-65 managed care plans:

- Aetna
- Capital Blue Cross/Keystone Health Plan - Central
- Geisinger Health Plan
- Highmark, Inc. / Keystone Health Plan West, Inc.
- Independence Blue Cross/Keystone Health Plan - East
- University of Pittsburgh Medical Center (UPMC) Health Plan

We have received benefit summaries and rates from the organizations submitting applications. The benefit summaries for the 2015 “active” Medicare Advantage plans compared to the 2014 plans are attached. The monthly premium rates for 2015 compared to 2014 rates are set forth in the following tables. We have also set forth the premium rates for the HOP Medical Plan, Medicare Rx Options, and the HOP Pre-65 Medical Plan with and without prescription drug coverage for comparison purposes.

### IFA 2014-01 Revision

Managed care plans participating in the Health Options Program are allowed to offer one Medicare Advantage product. When this policy was instituted, managed care organizations that had previously offered multiple products were allowed to maintain one existing plan in addition to their active plan offering, but that “Legacy” plan could not add new participants. Four of the carriers continue to maintain these Legacy plans – Aetna, Capital Blue Cross, Highmark and Independence Blue Cross.

PSERS received a request from Highmark to designate its legacy HMO plan as the active plan and its active PPO plan as the legacy plan in several counties in Pennsylvania for the 2015 plan year. The Segal Company recommended that PSERS approve the request provided the managed care organization maintains one active and one legacy plan in per region. In Highmark’s case, this would allow them to designate their HMO product as the active plan in the Southwest Region, but not split the North and Central Region to have the HMO plan active in some counties and the PPO plan active in other counties.

To bring this recommendation to the Retirement Board for the 2015 plan year, PSERS issued a revised IFA 2015-01. Thus, all managed care organizations responding to the IFA were given the opportunity to submit proposals to activate a legacy plan and freeze an active plan to new enrollees. None of the plans other than Highmark applied to make such a change.

### Service Area Expansion for 2015

None of the carriers have applied to expand their service areas in PSERS for 2015. In addition, none of the carriers reduced the number of counties in their service area for 2015.

## Benefits for 2015

All Medicare prescription drug plans are required to provide minimum benefits in the “Coverage Gap” for 2015 as set forth in the Affordable Care Act (ACA). ACA will gradually reduce the amount paid by members to 25%. The following table illustrates these ACA required changes, as well as threshold adjustments, for 2015. The table shows benefit improvements in green underline and *benefit reductions in red italics*.

<b>Member Pays:</b>	<b>2014</b>	<b>2015</b>
Initial Coverage Limit	\$2,850	<u>\$2,960</u>
Coverage Gap		
Generic drugs	72%	<u>65%</u>
Brand drugs <sup>‡</sup>	47.5%	<u>45%</u>
Out-of-Pocket Threshold	\$4,550	<i>\$4,700</i>
Catastrophic Coverage		
Generic	The greater of 5% or \$2.55	The greater of 5% or <i>\$2.65</i>
Brand	The greater of 5% or \$6.35	The greater of 5% or <i>\$6.60</i>

<sup>‡</sup>50% manufacturer discount

All Medicare Advantage plans participating in HOP provide Medicare prescription drug coverage and, depending upon the plan designs, reflect these benefit changes. Please refer to the Attachments to identify these changes by plan.

Three of the managed care plans are changing benefits for 2015. PSERS gives the managed care plans wide latitude to determine the benefits offered through HOP. The following tables identify the 2015 benefit changes (exclusive of the Medicare prescription drug changes noted above). The tables reflect benefit improvements in green underline and *benefit reductions in red italics*.

## Geisinger

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>
<b>Medical In-Network</b>	<b>Geisinger Gold Preferred (PPO)</b>	<b>Geisinger Gold Preferred (PPO)</b>
Annual Deductible	\$0	<i>\$650</i>
Annual Out-of-Pocket Maximum	\$3,400	<i>\$6,700</i>
Doctor Visits	\$10	<i>\$10/visit-PCP; \$35/visit-specialist</i>
Outpatient Surgery	\$50	<i>15%</i>
Diagnostic Testing	\$0/\$15	<i>\$15 x-rays, lab services/15% diagnostic procedures/test and imaging</i>
Durable Medical Equipment	15%	<i>20%</i>
Ob/Gyn Exams	\$0	<i>\$35</i>
Vision Exam/Hearing Exams	\$10	<i>\$35 vision/\$35 hearing</i>
Prescription Lenses (every 24 mos.)	100% after \$200 allowance	<i>Not Covered</i>
Hearing Aids (every 36 months)	100% after \$800 allowance	<i>Not Covered</i>
Dental Care	\$20 exams/\$20-\$30 X-rays	<i>Not Covered</i>

## Highmark

	Active Plan 2014	Active Plan 2015
Medical In-Network	Highmark Freedom Blue PPO	Highmark Freedom Blue PPO
Dental Care	30% routine; 40% dentures	<i>\$50% routine; 50% dentures</i>

## IBC

	Pre-65 Active 2014	Pre-65 Active 2015
MEDICAL In-Network	IBC Keystone HMO	IBC Keystone HMO
Annual Out-of-Pocket Maximum	\$1,500 individual; \$3,000 family	<i>\$6,600 individual/\$13,200 family</i>

	Pre-65 Legacy 2014	Pre-65 Legacy 2015
MEDICAL In-Network	IBC Personal Choice PPO	IBC Personal Choice PPO
Annual Out-of-Pocket Maximum	No maximum	<i>\$6,600 individual/\$13,200 family</i>

## Rates for 2015

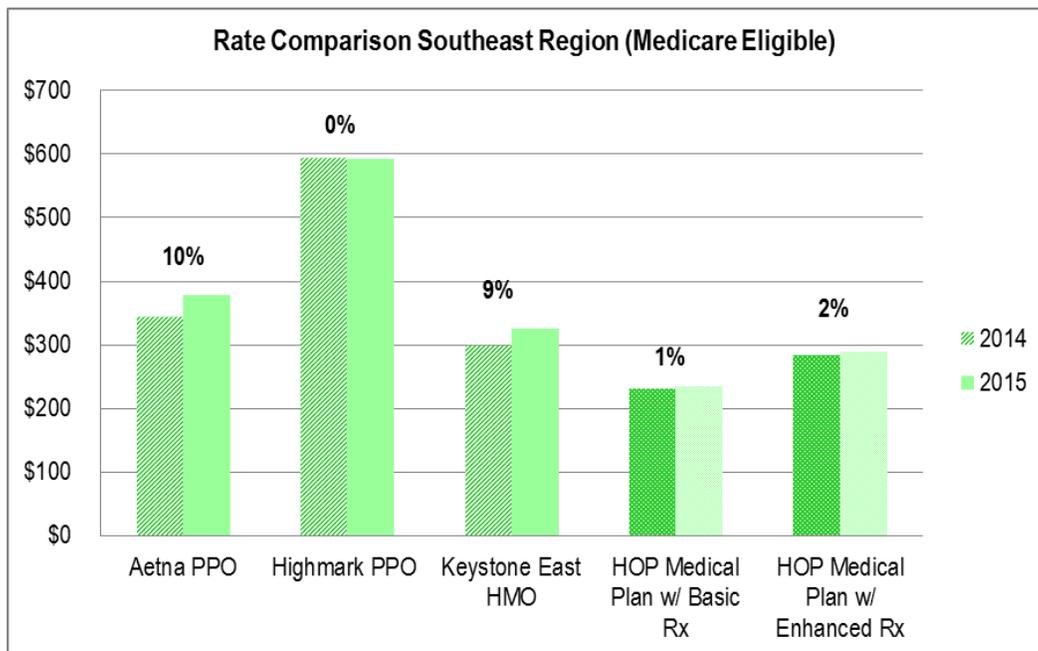
The rate changes for the active Medicare Advantage Plans range from a decrease of 3% to an increase of 28%. The rate changes for the companion pre-65 managed care plans range from a decrease of 2%.an increase of 7% to.

The following charts and tables illustrate the premium rates of the HOP plan for 2014 and 2015 by region within Pennsylvania and by state outside Pennsylvania. Attached are benefit and rate comparisons for each plan.

### SOUTHEAST REGION OF PENNSYLVANIA

#### Medicare Advantage Plans (for those eligible for Medicare)

#### Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage



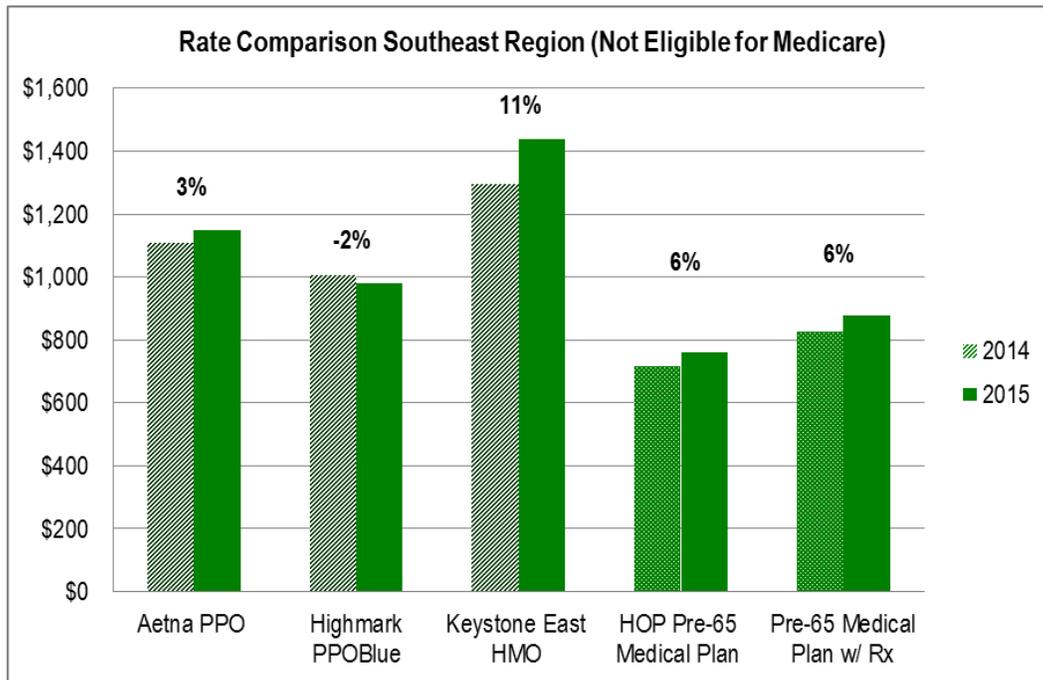
Graph does not include Legacy Plans

Southeastern Region: Bucks, Chester, Delaware,	2014	2015	% Increase
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Montgomery, and Philadelphia Counties.			
Aetna Medicare 15 Special PPO	\$344	\$379	10%
Highmark Freedom Blue PPO	592	592	0%
Independence Blue Cross / Keystone 65 Select HMO	299	326	9%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 10 Special Plan HMO	\$426	\$461	8%
IBC's Personal Choice 65 PPO	636	665	5%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan	\$199	\$199	0%
HOP Medical Plan w/ Basic Medicare Rx Option	231	234	1%
HOP Medical Plan w/ Enhanced Medicare Rx Option	283	288	2%

As illustrated by the preceding graph and table, the premium increases in the Southeast Region are between 9 and 10 percent for Aetna's PPO and Independence Blue Cross' Keystone 65 Select HMO, while the Highmark FreedomBlue PPO will have no increase for 2015. The rate increases are also moderate for Aetna HMO and IBC PPO Legacy Plans. Also identified are the rates for the HOP Medical Plan with the Medicare Rx Options. These rates compare favorably to the Medicare Advantage rates.

**Pre-65 Managed Care Plans (for those not eligible for Medicare)  
Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage**



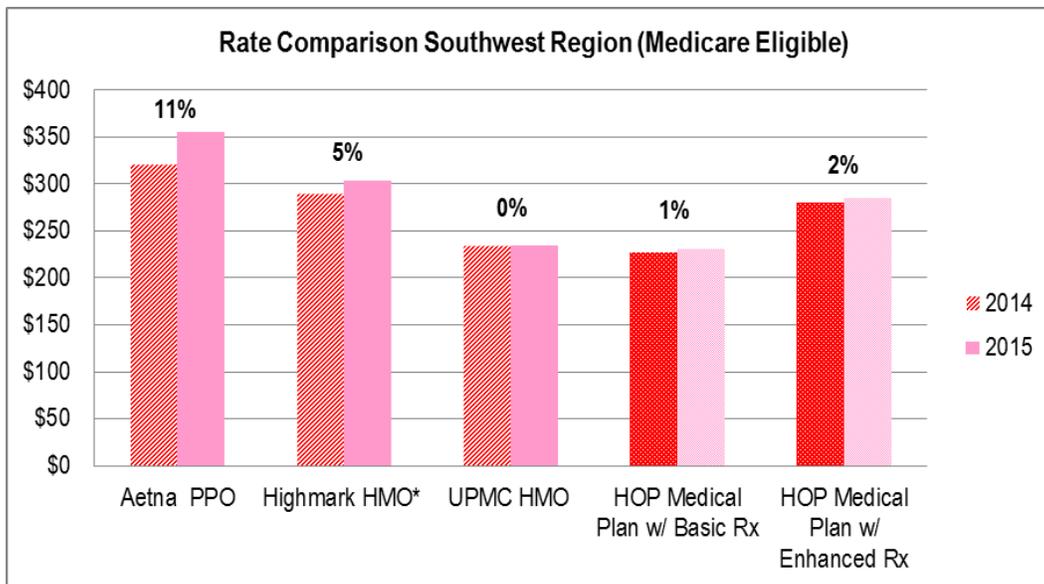
Graph does not include Legacy Plans

<b>Southeastern Region:</b> Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Aetna PPO	\$1,109	\$1,147	3%
Highmark PPO Blue	1,007	982	-2%
Keystone East HMO	1,295	1,439	11%
<b>Legacy Managed Care Plans (no new participants)</b>			
Aetna Citizen HMO Plan	\$1,207	\$1,245	3%
IBC's Personal Choice PPO	1,291	1,438	11%
<b>HOP Pre-65 Medical Plan (for comparison)</b>			
HOP Pre-65 Medical Plan	\$717	\$761	6%
Pre-65 Medical Plan w/ Prescription Drugs	827	\$877	6%

As illustrated by the preceding graph and table, the premium increases of the pre-65 managed care organizations (MCO) in the Southeast Region range from a 2 percent reduction for Highmark PPOBlue, to an 11 percent increase for IBC's Keystone East HMO. Also identified are the rates for the HOP Pre-65 Medical Plan with and without prescription drug coverage. These rates compare favorably to the MCO rates.

### SOUTHWEST REGION OF PENNSYLVANIA

#### Medicare Advantage Plans (for those eligible for Medicare) Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage

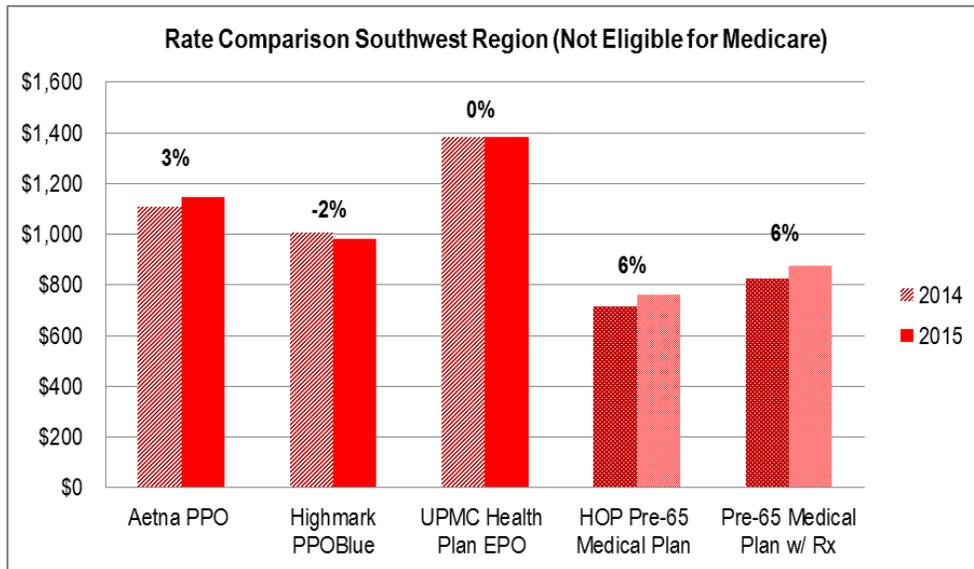


\* Highmark's PPO was the active plan for 2014 and that PPO rate is reflected in this Graph

<b>Southwestern Region:</b> Allegheny, Fayette, Greene, Indiana, Washington, and Westmoreland Counties	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Aetna Medicare 15 Special PPO	\$320	\$355	11%
Highmark SecurityBlue HMO	298	304	2%
UPMC for Life HMO	234	234	0%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 15 Special Plan HMO	\$419	\$454	8%
Highmark FreedomBlue PPO	289	371	28%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan	\$195	\$195	0%
HOP Medical Plan w/ Basic Medicare Rx Option	227	230	1%
HOP Medical Plan w/ Enhanced Medicare Rx Option	279	284	2%

As illustrated by the preceding graph and table for the Southwest Region, there is no premium increase for the UPMC HMO while the rate increase for Aetna is 11%. Highmark's previously Legacy plan – Security Blue HMO – has an increase of 2% as it becomes the active plan accepting new enrollments. Aetna's Legacy HMO will have an 8% increase, while Highmark's Freedom Blue PPO will show a 28% increase for 2015. Highmark has applied to make its SecurityBlue HMO the active plan for Southwest Region and to freeze its Freedom Blue PPO as its Legacy plan for 2015 for this region only. Current enrollees in Highmark FreedomBlue PPO will be given an opportunity to keep their current plan at a 28% increase or change their enrollment to another eligible active plan (They can select HOP Medical Plan with Rx or UPMC HMO at a lower cost than they pay for 2014; or Highmark Security Blue HMO at a 5% increase over the 2014 FreedomBlue cost, or Aetna PPO at a 23% increase over their 2014 cost). Also identified are the rates for the HOP Medical Plan with the Medicare Rx Options. These rates compare favorably to the Medicare Advantage rates.

**Pre-65 Managed Care Plans (for those not eligible for Medicare)  
Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage**



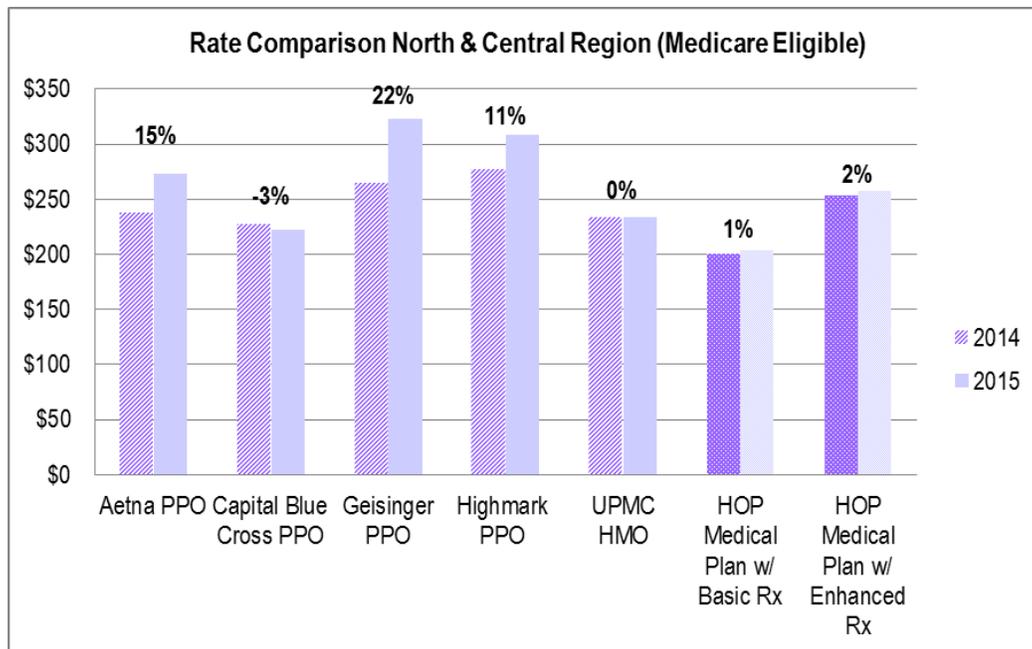
Graph does not include Legacy Plans

<b>Southwestern Region: Allegheny, Fayette, Greene, Indiana, Washington, and Westmoreland Counties</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Aetna PPO	\$1,109	\$1,147	3%
Highmark PPO Blue	1,007	982	-2%
UPMC Health Plan EPO	1,384	1,384	0%
<b>Legacy Managed Care Plans (no new participants)</b>			
Aetna Citizen HMO Plan	\$1,207	\$1,245	3%
Highmark PPO Blue - High Option	1,255	1,298	3%
<b>HOP Pre-65 Medical Plan (for comparison)</b>			
HOP Pre-65 Medical Plan	\$717	\$761	6%
Pre-65 Medical Plan w/ Prescription Drugs	827	877	6%

As illustrated by the graph and table above for the Southwest Region, the premiums of the pre-65 managed care organizations (MCOs) reflect low increases for 2015. Also identified are the rates for the HOP Pre-65 Medical Plan with and without prescription drug coverage. These rates compare favorably to the MCO rates.

### NORTH AND CENTRAL REGION OF PENNSYLVANIA

#### Medicare Advantage Plans (for those eligible for Medicare) Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage

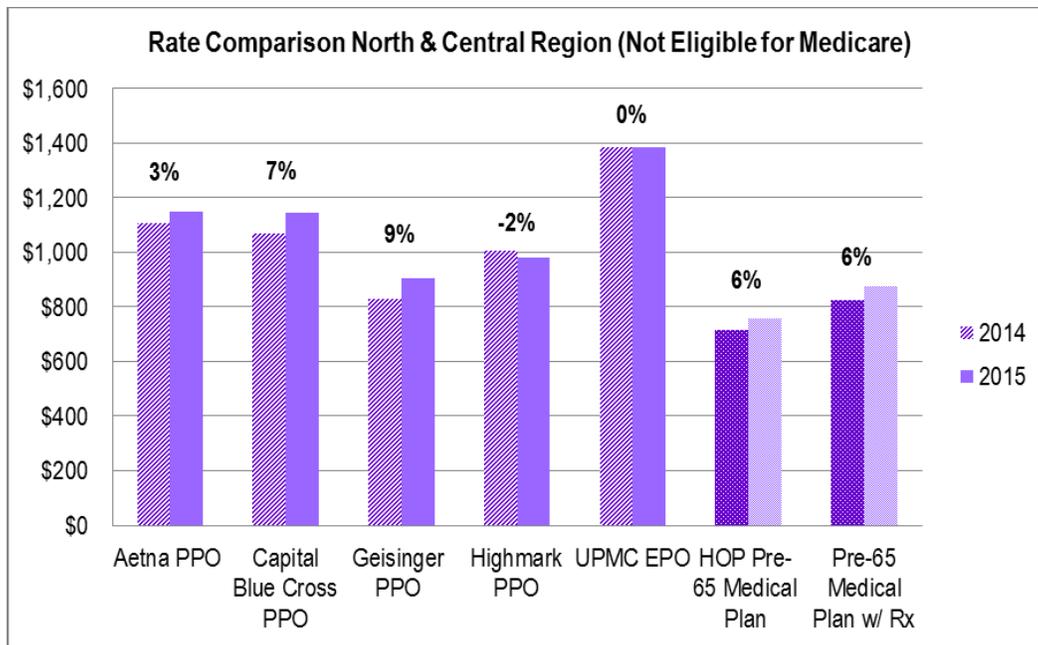


Graph does not include Legacy Plans

<b>North &amp; Central Region:</b> (All other counties in Pennsylvania).	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Aetna Medicare 15 Special PPO (not available in all counties)	\$238	\$273	15%
Capital Blue Cross Senior Blue PPO (not available in all counties)	228	222	-3%
Geisinger Gold Preferred PPO (not available in all counties)	265	323	22%
Highmark Freedom Blue PPO	277	308	11%
UPMC for Life HMO (not available in all counties)	234	234	0%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 10 Special HMO Plan	\$255	\$290	14%
Highmark Security Blue HMO	289	304	5%
Keystone Central Senior Blue HMO	227	215	-5%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan	\$169	\$169	0%
HOP Medical Plan w/ Basic Medicare Rx Option	201	204	1%
HOP Medical Plan w/ Enhanced Medicare Rx Option	253	258	2%

As illustrated by the graph and table above for the North and Central Region, the premium changes range from a reduction of 3% to an increase of 22%. Also identified are the rates for the HOP Medical Plan with the Medicare Rx Options. These rates compare favorably to the Medicare Advantage rates.

**Pre-65 Managed Care Plans (for those not eligible for Medicare)  
Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage**



Graph does not include Legacy Plans

<b>North &amp; Central Region:</b> (All other counties in Pennsylvania)	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Aetna PPO (not available in all counties)	\$1,109	\$1,147	3%
Capital Blue Cross PPO (not available in all counties)	1,069	1,145	7%
Geisinger PPO (not available in all counties)	832	903	9%
Highmark PPO	1,007	982	-2%
UPMC EPO (not available in all counties)	1,384	1,384	0%
<b>Legacy Managed Care Plans (no new participants)</b>			
Aetna Citizen Plan HMO	\$1,207	\$1,245	3%
Highmark PPO Blue – High Option	1,255	1,298	4%
Capital Blue Cross / Keystone Central HMO	1,039	1,088	5%
<b>HOP Pre-65 Medical Plan (for comparison)</b>			
HOP Pre-65 Medical Plan	\$717	\$761	6%
Pre-65 Medical Plan w/ Prescription Drugs	827	877	6%

As illustrated by the preceding graph and table for the North and Central Region, the active MCO plan changes range from a decrease of 2% to an increase of 9%. Also identified are the rates for the HOP Pre-65 Medical Plan with and without prescription drug coverage. These rates compare favorably to the MCO rates.

HOP participants residing outside Pennsylvania may have a Medicare Advantage and pre-65 managed care plan option. The 2015 rates compared to the 2014 rates for the out-of-state plans are as follows:

**OUT OF STATE REGION**

**Medicare Advantage Plans (for those eligible for Medicare)  
Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage**

<b>Florida</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
<b>Highmark Freedom Blue PPO</b>			
Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, Dixie, Duval, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Lafayette, Lake, Lee, Levy, Liberty, Manatee, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Orange, Palm Beach, Pasco, Pinellas, Polk, Putnam, Saint Johns, Sarasota, Seminole, Sumter, Suwanee, Union, Wakulla, Walton Counties	\$ 353	\$ 408	16%
DeSoto, Escambia, Flagler, Franklin, Gadsden, Jefferson, Leon, Madison, Marion, Okeechobee, Osceola, Saint Lucie, Santa Rosa Taylor, Volusia, Washington Counties	293	349	19%
<b>Aetna Medicare 15 Special PPO</b>			
Bradford, Brevard, Broward, Charlotte, Citrus, Collier, Duval, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Nassau, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk & Sarasota Bradford, Brevard, Charlotte, Citrus, Collier, Miami-Dade, Duval, Hernando, Indian River, Lake, Marion, Martin, Nassau, Orange, Osceola, Saint Johns, Seminole, Volusia Counties	\$ 262	\$ 297	13%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
<b>Aetna Medicare 10 Special Plan HMO</b>			
Broward, Hillsborough, Lee, Manatee, Palm Beach, Pasco, Pinellas, Polk & Sarasota Counties	248	283	14%
<b>Medicare Supplement Plan (for comparison)</b>			
<b>HOP Medical Plan</b>			
Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Dixie, Miami-Dade, Duval, Gilchrist, Glades, Gulf, Hamilton, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lafayette, Levy, Liberty, Martin, Monroe, Nassau, Okaloosa, Orange, Palm Beach, Pinellas, Putnam, St. Johns, Seminole, Sumter, Union, & Walton Counties	\$ 199	\$ 199	0%
Baker, Columbia, De Soto, Escambia, Flagler, Franklin, Gadsden, Hardee, Holmes, Jackson, Jefferson, Lake, Lee, Leon, Madison, Manatee, Marion, Okeechobee, Osceola, Pasco, Polk, Saint Lucie, Santa Rosa, Sarasota, Suwannee, Taylor, Volusia, Wakulla, & Washington Counties	195	195	0%
<b>Basic Medicare Rx Option</b>	32	35	9%
<b>Enhanced Medicare Rx Option</b>	84	89	6%

<b>New Jersey</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Highmark Freedom Blue PPO			
Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Salem, Somerset, Sussex, Union and Warren Counties	\$ 353	\$ 408	16%
Ocean County	293	349	19%
Aetna Medicare 15 Special PPO			
Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren Counties	\$ 355	\$ 390	10%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 10 Special Plan HMO			
Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Monmouth, Ocean, Passaic, Salem, Sussex and Union Counties	\$ 472	\$ 506	7%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan			
Atlantic, Bergen, Cape May, Hudson, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex & Union Counties	\$ 199	\$ 199	0%
Burlington, Camden, Cumberland, Essex, Gloucester, Hunterdon, Mercer, Ocean, Salem & Warren Counties	195	195	0%
Basic Medicare Rx Option	32	35	9%
Enhanced Medicare Rx Option	84	89	6%

<b>New York</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Highmark Freedom Blue PPO			
Bronx, Dutchess, Kings, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester Counties	\$ 353	\$ 408	16%
Albany, Alleghany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming and Yates Counties	293	349	19%
Aetna Medicare 15 Special PPO			
Albany, Bronx, Broome, Cayuga, Columbia, Dutchess, Greene, Kings, Monroe, Nassau, New York, Onondaga, Ontario, Orange, Oswego, Putnam, Queens, Rensselaer & Richmond, Rockland, Schenectady, Suffolk, Sullivan, Tioga, Ulster, Washington, Westchester & Wyoming Counties	262	297	13%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 10 Special Plan HMO			
Bronx, Kings, New York, Queens, & Richmond Counties	\$248	\$ 283	7%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan			
Kings (Brooklyn), Nassau, Orange, Putnam, Queens, Rockland, Suffolk, Sullivan, Ulster, & Westchester Counties	\$ 199	\$ 199	0%
All other counties in New York	195	195	0%
Basic Medicare Rx Option	32	35	9%
Enhanced Medicare Rx Option	84	89	6%

<b>Maryland</b>	<b>2014</b>		<b>% Increase</b>
Highmark Freedom Blue PPO (Single Coverage)			
All counties except Washington County	\$ 353	\$ 408	16%
Washington County	293	349	19%
Aetna Medicare 15 Special PPO			
Anne Arundel, Frederick, Harford, Montgomery, & Queen Anne's Counties	\$262	\$ 297	13%
<b>Legacy Medicare Advantage Plans (no new participants)</b>			
Aetna Medicare 10 Special Plan HMO			
Anne Arundel, Frederick, Harford, Montgomery, & Queen Anne's counties only	\$248	\$ 283	14%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan			
All counties	\$195	\$ 195	0%
Basic Medicare Rx Option	32	35	9%
Enhanced Medicare Rx Option	84	89	6%

<b>Delaware</b>	<b>2014</b>		<b>% Increase</b>
Highmark Freedom Blue PPO (Single Coverage)			
All counties	\$ 353	\$ 408	16%
Aetna Medicare 15 Special PPO			
All counties	262	297	13%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan			
All counties	\$ 169	\$ 169	0%
Basic Medicare Rx Option	32	35	9%
Enhanced Medicare Rx Option	84	89	6%

<b>Other States</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
Highmark Freedom Blue PPO			
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Mississippi, Nebraska, Nevada, Ohio, Oklahoma, South Carolina, Tennessee, & Wyoming	\$ 353	\$ 408	16%
District of Columbia, Hawaii, Idaho, Iowa, Louisiana, Maine, Massachusetts, Missouri, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Guam, Puerto Rico, & U.S. Virgin Islands	293	349	19%
<b>Medicare Supplement Plan (for comparison)</b>			
HOP Medical Plan			
Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, Oklahoma, South Carolina, Tennessee, Texas, Utah, West Virginia, & Wyoming	\$ 195	\$ 199	0%
Arizona, Hawaii, Idaho, Iowa, Maine, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Vermont, Virgin Islands, Virginia, Washington, Wisconsin, District of Columbia Guam, Puerto Rico, & U.S. Virgin Islands	169	195	0%
Basic Medicare Rx Option	32	35	9%
Enhanced Medicare Rx Option	84	89	6%

**Pre-65 Managed Care Plans (for those not eligible for Medicare)  
Comparison of 2014 and 2015 Monthly Premium Rates for Single Coverage**

<b>All States (Where Companion Medicare Advantage Plan is Available)</b>	<b>2014</b>	<b>2015</b>	<b>% Increase</b>
<b>Highmark PPO Blue</b>	\$ 1,007	\$ 982	-2%
<b>Aetna PPO</b> Available only in certain counties in Florida, Maryland, New Jersey and New York	1,109	1,147	3%
<b>Legacy Managed Care Plans (no new participants)</b>			
<b>Aetna Citizen Plan HMO</b>	\$ 1,207	\$ 1,245	3%
<b>Medicare Supplement Plan (for comparison)</b>			
<b>HOP Pre-65 Medical Plan</b>	\$ 717	\$ 761	6%
<b>Pre-65 Medical Plan w/ Prescription Drugs</b>	827	877	6%

**Attachment 1**

**AETNA**

**AETNA BENEFITS - MEDICARE**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>	<b>Legacy Plan 2014</b>	<b>Legacy Plan 2015</b>
<b>Medical In-Network</b>	<b>Aetna Medicare 15 Special PPO</b>	<b>Aetna Medicare 15 Special PPO</b>	<b>Aetna Medicare 10 Special Plan HMO</b>	<b>Aetna Medicare 10 Special Plan HMO</b>
Annual Deductible	\$0	\$0	Included in OOP	Included in OOP
Annual Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700
Doctor Visits	\$15	\$15	\$10 PCP; \$15 specialist	\$10 PCP; \$15 specialist
Outpatient Surgery	\$15	\$15	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Diagnostic Testing	\$15	\$15	\$15	\$15
Outpatient Therapy	\$15	\$15	\$15	\$15
Durable Medical Equipment	15%	15%	\$0	\$0
Outpatient Mental Health	\$15	\$15	\$15	\$15
Hospitalization	\$0	\$0	\$0	\$0
Inpatient Mental Health	\$0	\$0	\$0	\$0
Physical Exams	\$0	\$0	\$0	\$0
Ob/Gyn Exams	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	\$0	\$0	\$0 (1 annual hearing exam)	\$0 (1 annual hearing exam)
Lenses (every 24 mos.)	\$100 allowance	\$100 allowance	\$100 allowance	\$100 allowance
Hearing Aids (every 36 mos.)	\$500 allowance	\$500 allowance	\$500 allowance	\$500 allowance
Dental Care	Not covered	Not covered	\$5 preventive dental (not available in DE or NY)	\$5 preventive dental not available in DE or NY
<b>Medical Out-of-Network</b>			<b>In-Network Only</b>	<b>In-Network Only</b>
Annual Deductible	\$0	\$0		
Coinsurance	15%	15%		
Annual Out-of-Pocket Maximum	\$10,000	\$10,000		

**AETNA BENEFITS - MEDICARE (continued)**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Pharmacy Retail (Mail Order)	Aetna Medicare 15 Special PPO	Aetna Medicare 15 Special PPO	Aetna Medicare 10 Special Plan HMO	Aetna Medicare 10 Special Plan HMO
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$5 (\$10)	\$5 (\$10)	\$5 (\$10)	\$5 (\$10)
Preferred brand drugs	\$25 (\$50)	\$25 (\$50)	\$25 (\$50)	\$25 (\$50)
Non-preferred brand drugs	\$50 (\$100)	\$50 (\$100)	\$50 (\$100)	\$50 (\$100)
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	\$5 (\$10)	\$5	\$5 (\$10)	\$5
Preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Non-preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Catastrophic Coverage				
Generic drugs	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drugs	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

Benefit improvements in green underline, *benefit reductions in red italics*.

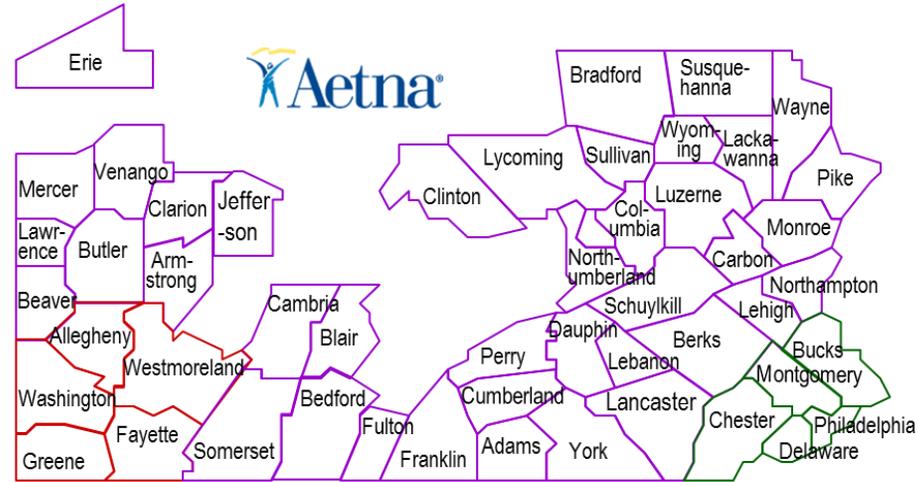
**AETNA BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>	<b>Pre-65 Legacy 2014</b>	<b>Pre-65 Legacy 2015</b>
	<b>Aetna PPO Plan</b>	<b>Aetna PPO Plan</b>	<b>Aetna Citizen Plan HMO</b>	<b>Aetna Citizen Plan HMO</b>
<b>MEDICAL</b>			<b>In-Network Only</b>	<b>In-Network Only</b>
Annual Deductible	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family	\$0	\$0
Annual Out-of-Pocket Maximum	\$4,000 individual/\$8,000 family	\$4,000 individual/\$8,000 family	\$1,500 individual, \$3,000 family	\$1,500 individual, \$3,000 family
Doctor Visits	20%; deductible waived	20%; deductible waived	\$10 PCP, \$15 Specialist	\$10 PCP, \$15 Specialist
Outpatient Surgery	20%; deductible waived	20%; deductible waived	\$0	\$0
Emergency Room	20%; deductible waived	20%; deductible waived	\$35 (waived if admitted)	\$35 (waived if admitted)
Diagnostic Testing	20%	20%; after deductible	\$15	\$15
Outpatient Therapy	20%; deductible waived	20%; deductible waived	\$15	\$15
Durable Medical Equipment	50%; \$2,500 max	50%; \$2,500 max	\$0	\$0
Outpatient Mental Health	20%; deductible waived	20%; deductible waived	\$15/visit	\$15/visit
Hospitalization	20%	20%; after deductible	\$0	\$0
Inpatient Mental Health	20%	20%; after deductible	\$0	\$0
Physical Exams	\$0 deductible waived	\$0 (deductible waived)	\$10	\$10/exam
Ob/Gyn Exams	\$0 deductible waived	\$0 (deductible waived)	\$15	\$15/exam
Mammograms	\$0 deductible waived	\$0 (deductible waived)	\$15	\$15/exam
Vision Exam/Hearing Exams (every 24 months)	\$0 Vision; 20% Hearing (deductible waived)	<u>\$0 (deductible waived)</u>	\$0 Vision; \$10 Hearing	\$0 Vision; \$10 Hearing
Prescription Lenses (24 months)	Not covered	Not covered	\$100 allowance	100% after \$100 allowance
Hearing Aids (every 36 months)	Not covered	Not covered	Aetna discount available	Aetna discount available
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Out-of-Network</b>			<b>In-Network Only</b>	<b>In-Network Only</b>
Annual Deductible	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family		
Coinsurance	40%	40%; after deductible		

<b>PRESCRIPTION DRUGS</b>				
Annual Deductible	\$200 individual/\$600 family	\$200 individual/\$600 family	\$0	\$0
Annual Maximum	No maximum	No maximum	No maximum	No maximum
<b>Retail Pharmacy</b>				
Generic drugs	30% <sup>s</sup>	30% copay for generic drugs	30% Generic Formulary drugs	30% Generic Formulary drugs
Brand-name drugs	30% / 50% non-preferred.			
<b>Mail Order (90-day supply)</b>				
Generic drugs	30% copayment	30% copayment	30% copayment	30% Generic Formulary drugs
Brand-name drugs	30% formulary brand; 50% non-formulary brand (30-day max)	30% formulary brand; 50% non-formulary brand (30-day max)	30% formulary brand; 50% non-formulary brand (30-day max)	30% formulary brand; 50% non-formulary brand (30-day max)

Benefit improvements in green underline, *benefit reductions in red italics*.

**AETNA SERVICE AREA - PENNSYLVANIA**

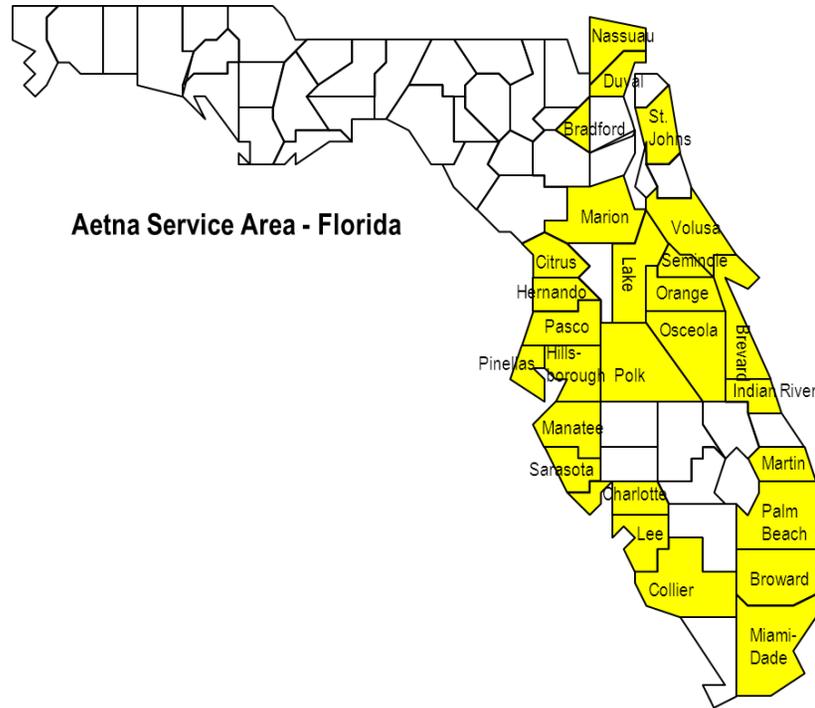


**AETNA RATES - PENNSYLVANIA**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Medicare Advantage	Aetna Medicare 15 Special PPO	Aetna Medicare 15 Special PPO	Aetna Medicare 10 Special HMO	Aetna Medicare 10 Special HMO
<b>Southeastern Region</b>	<b>\$ 344 (4.6%)</b>	<b>\$ 379 (10.2%)</b>	<b>\$ 426 (4.9%)</b>	<b>\$ 461 (8.2%)</b>
<b>Southwestern Region</b>	<b>320 (4.4%)</b>	<b>355 (10.0%)</b>	<b>419 (18.7%)</b>	<b>454 (8.4%)</b>
<b>North &amp; Central Region</b>	<b>238 (8%)</b>	<b>273 (14.7%)</b>	<b>255 (4.5%)</b>	<b>290 (13.7%)</b>

	Pre-65 Active 2014	Pre-65 Active 2015	Pre-65 Legacy 2014	Pre-65 Legacy 2015
Pre-65 Managed Care	Aetna PPO	Aetna PPO	Aetna Citizen Plan HMO	Aetna Citizen Plan HMO
All Areas	\$ 1,109 (15.5%)	\$ 1,147 (3.4%)	\$ 1,207 (0.05%)	\$ 1,245 (3.1%)

**AETNA SERVICE AREA – OUTSIDE PENNSYLVANIA**

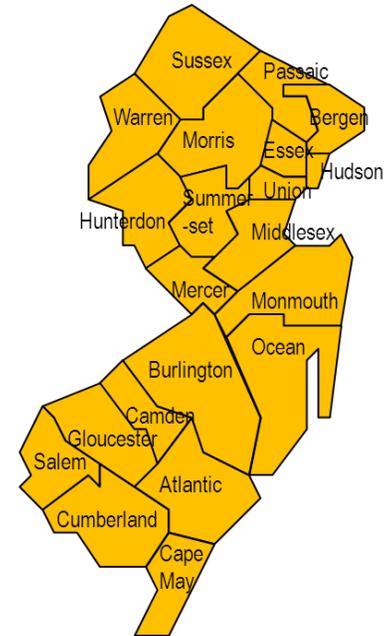


**Aetna Service Area - Florida**



**Aetna Service Area - Delaware**

**Aetna Service Area – New Jersey**



**AETNA RATES – OUTSIDE PENNSYLVANIA**

	<b>Aetna Medicare 15 Special PPO Active Plan 2014</b>	<b>Aetna Medicare 15 Special PPO Active Plan 2015</b>
<b>Medicare Advantage</b>		
<b>Low Cost Area</b>	<b>\$ 262</b>	<b>\$ 297</b>
<b>High Lost Area</b>	<b>355</b>	<b>390</b>

	<b>Pre-65 Active 2014 Aetna PPO</b>	<b>Pre-65 Active 2014 Aetna PPO</b>
<b>Pre-65 Managed Care</b>		
<b>All Areas</b>	<b>\$ 1,109</b>	<b>\$ 1,147</b>

**Attachment 2**

**CAPITAL BLUE CROSS / KEYSTONE CENTRAL**

**CAPITAL BLUE CROSS / KEYSTONE CENTRAL BENEFITS - MEDICARE**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>	<b>Legacy Plan 2014</b>	<b>Legacy Plan 2014</b>
<b>Medical In-Network</b>	<b>Capital Blue Cross SeniorBlue PPO</b>	<b>Capital Blue Cross SeniorBlue PPO</b>	<b>Key Central SeniorBlue HMO</b>	<b>Key Central SeniorBlue HMO</b>
Annual Deductible	\$0	\$0	N/A	N/A
Annual Out-of-Pocket Maximum	\$3,400/\$5,100 out of network	\$3,400/\$5,100 out of network	\$3,400 (excludes drugs)	\$3,400 (excludes drugs)
Doctor Visits	\$10-PCP; \$20-specialist	\$10-PCP; \$20-specialist	\$15-PCP; \$25-specialist	\$15-PCP; \$25-specialist
Outpatient Surgery	\$50	\$50	\$75	\$75
Emergency Room	\$65 (waived if admitted)	\$65 (waived if admitted)	\$65 (waived if admitted)	\$65 (waived if admitted)
Diagnostic Testing	\$30 Hi-tech; Other \$0	\$30 high-tech; Other \$0	\$50-high tech; \$0-other	\$50-high tech; \$0-other
Outpatient Therapy	\$20	\$20	\$25/visit	\$25/visit
Durable Medical Equipment	20%	20%	20%	20%
Outpatient Mental Health	\$20/individual or group visit	\$20/individual or group visit	\$25/individual or group visit	\$25/individual or group visit
Hospitalization	\$150/admission (\$300 max)	\$150/admission (\$300 max)	\$100/admission (\$200 max/year)	\$100/admission (\$200 max/year)
Inpatient Mental Health	\$150/admission (\$300 max)	\$150/admission (\$300 max)	\$100/admission (\$200 max/year)	\$100/admission (\$200 max/year)
Physical Exams	\$0	\$0	\$0	\$0
Ob/Gyn Exams	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	\$20 Vision/\$20 Hearing	\$20 Vision/\$20 Hearing	\$20 Vision/\$25 Hearing	\$20 Vision/\$25 Hearing
Lenses (every 24 mos.)	\$0 copay for std. lenses; \$40 allowance for frames	\$0 copay for lenses; 100% after \$40 allowance for frames	\$0 copay for standard lenses; \$40 allowance for frames	\$0 copay for standard lenses; \$40 allowance for frames
Hearing Aids (every 36 mos)	\$400 allowance	\$400 allowance	\$400 Allowance	\$400 Allowance
Dental Care	\$15 exam, cleaning & X-ray	\$15 exam, cleaning & X-ray	\$15 exam, cleaning & X-ray	\$15 exam, cleaning & X-ray
<b>Medical Out-of-Network</b>				
Annual Deductible	\$250	\$250		
Coinsurance	20%	20%		

Benefit improvements in green underline, *benefit reductions in red italics*.

**CAPITAL BLUE CROSS / KEYSTONE CENTRAL BENEFITS – MEDICARE (continued)**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2014
Pharmacy Retail (Mail Order)	Capital Blue Cross SeniorBlue PPO	Capital Blue Cross SeniorBlue PPO	Key Central SeniorBlue HMO	Key Central SeniorBlue HMO
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$4 (\$12)	\$4 (\$12)	\$4 (\$12)	\$4 (\$12)
Non-preferred generic drugs	\$12 (\$36)	\$12 (\$36)	\$12 (\$36)	\$12 (\$36)
Preferred brand drugs	\$33 (\$99)	\$33 (\$99)	\$33 (\$99)	\$33 (\$99)
Non-preferred brand drugs	\$68 (\$204)	\$68 (\$204)	\$68 (\$204)	\$68 (\$204)
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	72%	<u>65%</u>	\$5 (\$15)	<u>65%</u>
Non-preferred generic drugs	72%	<u>65%</u>	\$15 (\$45)	<u>65%</u>
Preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Non-preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Catastrophic Coverage				
Generic drugs	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drugs	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

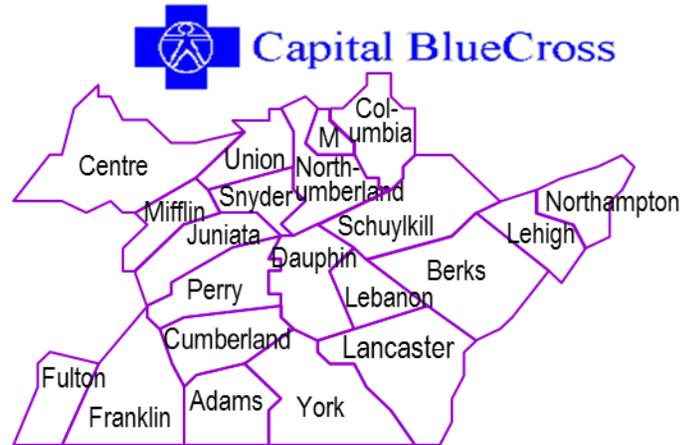
Benefit improvements in green underline, *benefit reductions in red italics*.

**CAPITAL BLUE CROSS / KEYSTONE CENTRAL BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>	<b>Pre-65 Legacy 2014</b>	<b>Pre-65 Legacy 2015</b>
<b>Medical In-Network</b>	<b>Capital Blue Cross PPO</b>	<b>Capital Blue Cross PPO</b>	<b>Keystone Central HMO</b>	<b>Keystone Central HMO</b>
Annual Deductible	\$250/individual; \$750/family	\$250/individual; \$750/family	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,000/individual; \$6,000/family	\$2,000/individual; \$6,000/family	No maximum	No maximum
Doctor Visits	\$10	\$10/visit	\$15-PCP; \$25-specialist	\$15-PCP; \$25-specialist
Outpatient Surgery	\$0	\$0	\$0	\$0
Emergency Room	\$35 (waived if admitted) deductible waived	\$35 (waived if admitted) deductible waived	\$50 (waived if admitted)	\$50 (waived if admitted)
Diagnostic Testing	\$0	\$0	\$0	\$0
Outpatient Therapy	\$10	\$10/visit	\$25	\$25
Durable Medical Equipment	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$10/visit	\$10/visit	\$25/\$5 group sessions	\$25/\$5 group sessions
Hospitalization	\$0	\$0	\$0	\$0
Inpatient Mental Health	\$0	\$0	\$0	\$0
Physical Exams	\$10	\$10	\$15-PCP; \$25-specialist	\$15/visit-PCP
Ob/Gyn Exams	\$10	\$10	\$25	\$15-PCP; \$25-specialist
Mammograms	\$0, deductible waived	\$0, deductible waived	\$0	\$0
Vision Exam/Hearing Exams	Not covered	Not covered	Not covered	Not covered
Prescription Lenses	Not covered	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Medical Out-of-Network</b>			<b>In-Network Only</b>	<b>In-Network Only</b>
Annual Deductible	\$0 (must meet In-network Deductible)	\$0 (must meet In-network Deductible)		
Coinsurance	20% to 50%	20% to 50%		

<b>Prescription Drugs</b>				
Annual Deductible	\$100-member; \$300 family	\$100-member; \$300 family	\$100-single; \$300-family	\$100-single; \$300-family
Annual Maximum	\$2,500 maximum on lifestyle drugs	\$2,500 maximum on lifestyle drugs	\$2,500 maximum on lifestyle drugs	\$2,500 maximum on lifestyle drugs
Retail Pharmacy				
Generic drugs	50%	50%	50%	50%
Brand-name drugs	50%	50%	50%	50%
Mail Order (90-day supply)				
Generic drugs	50%	50%	50%	50%
Brand-name drugs	50%	50%	50%	50%

**CAPITAL BLUE CROSS / KEYSTONE CENTRAL SERVICE AREA**



**CAPITAL BLUE CROSS / KEYSTONE CENTRAL RATES**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Medicare Advantage	Capital Blue Cross SeniorBlue PPO	Capital Blue Cross SeniorBlue PPO	Keystone Central SeniorBlue HMO	Keystone Central SeniorBlue HMO
North & Central Region	\$ 228	\$ 222 (-3%)	\$ 227	\$ 215 (-5%)

	Pre-65 Active 2014	Pre-65 Active 2015	Pre-65 Legacy 2014	Pre-65 Legacy 2015
Pre-65 Managed Care	Capital Blue Cross PPO	Capital Blue Cross PPO	Keystone Central HMO	Keystone Central HMO
North & Central Region	\$ 1,069	\$ 1,145 (7%)	\$ 1,057	\$ 1,088 (5%)

**Attachment 3**

**GEISINGER**

**GEISINGER BENEFITS - MEDICARE**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>
<b>Medical In-Network</b>	<b>Geisinger Gold Preferred (PPO)</b>	<b>Geisinger Gold Preferred (PPO)</b>
Annual Deductible	\$0	\$650
Annual Out-of-Pocket Maximum	\$3,400	\$6,700
Doctor Visits	\$10	<i>\$10/visit-PCP; \$35/visit-specialist</i>
Outpatient Surgery	\$50	<i>15%</i>
Emergency Room	\$65 (waived if admitted)	\$65 (waived if admitted)
Diagnostic Testing	\$0/\$15	<i>\$15 x-rays, lab services/15% diagnostic procedures/test and imaging</i>
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	15%	<i>20%</i>
Outpatient Mental Health	\$20	\$10 group/\$20 individual
Hospitalization	\$50 day/\$500 max per stay	\$50 day/\$500 max per stay
Inpatient Mental Health	\$50 day/\$500 max per stay	\$50 day/\$500 max per stay
Physical Exams	\$0	\$0
Ob/Gyn Exams	\$0	<i>\$35</i>
Mammograms	\$0	\$0
Vision Exam/Hearing Exams	\$10	<i>\$35 vision/\$35 hearing</i>
Prescription Lenses (every 24 mos.)	100% after \$200 allowance	<i>Not Covered</i>
Hearing Aids (every 36 months)	100% after \$800 allowance	<i>Not Covered</i>
Dental Care	\$20 exams/\$20-\$30 X-rays	<i>Not Covered</i>
<b>Medical Out-of-Network</b>		
Annual Deductible	\$0	\$0
Coinsurance	20%	20% (or \$15 Co-pay)

<b>Pharmacy Retail (Mail Service)</b>		<b>Retail Pharmacy</b>
Annual deductible	\$0	\$0
Initial Coverage		
Preferred Generic drug	\$3 (\$6)	<i>\$3 (\$9)</i>
Generic drugs	\$10 (\$20)	<i>\$18 (\$54)</i>
Preferred brand-name drugs	\$35 (\$70)	<i>\$39 (\$117)</i>
Non-preferred brand-name drugs	\$65 (\$130)	<i>\$85 (\$255)</i>
Specialty drugs	33%	33%
Coverage Gap		
Generic drugs	72%	<u>65%</u>
Preferred brand-name drugs	47.5%*	<u>45%</u>
Non-preferred brand-name drugs	47.5%*	<u>45%</u>
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drugs	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

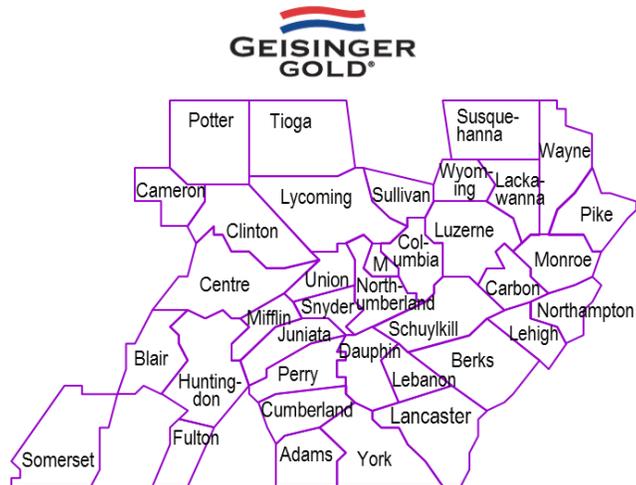
Benefit improvements in green underline. *benefit reductions in red italics.*

**GEISINGER BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>
<b>Medical In-Network</b>	<b>Geisinger Choice PPO</b>	<b>Geisinger Choice PPO</b>
Annual Deductible	\$1,500 individual/\$4,500 family	\$1,500 individual/\$4,500 family
Annual Out-of-Pocket Maximum	\$6,350 individual/\$12,700 family	\$6,350 individual/\$12,700 family
Doctor Visits	\$20 PCP; \$40 specialist	\$20 PCP; \$40 specialist
Outpatient Surgery	25%	25%
Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted)
Diagnostic Testing	25%	25%
Outpatient Therapy	25%	25%
Durable Medical Equipment	25%	25%
Outpatient Mental Health	\$20	\$20
Hospitalization	25%	25%
Inpatient Mental Health	25%	25%
Physical Exams	\$0	\$0
Ob/Gyn Exams	\$0	\$0
Mammograms	\$0	\$0
Vision Exam/Hearing Exams	\$20 PCP; \$40 specialist for medical conditions only	\$20 PCP; \$40 specialist medical conditions only
Prescription Lenses (every 24 months)	Not covered	Not covered
Hearing Aids (every 36 months)	Not covered	Not covered
Dental Care	Not covered	Not covered
<b>Medical Out-of-Network</b>		
Annual Deductible	\$1,500 individual/\$4,500 family	\$1,500 individual/\$4,500 family
Coinsurance	40%	40%

<b>Prescription Drugs</b>		
Annual Deductible	\$0	\$0
Annual Maximum	No maximum	No maximum
<b>Retail Pharmacy</b>		
Generic drugs	50%	50%
Brand-name drugs	50%	50%
<b>Mail Order (90-day supply)</b>		
Generic drugs	50%	50%
Brand-name drugs	50%	50%

## GEISINGER SERVICE AREA



## GEISINGER RATES

	Active Plan 2014	Active Plan 2015
<b>Medicare Advantage</b>	<b>Geisinger Gold Preferred (PPO)</b>	<b>Geisinger Gold Preferred (PPO)</b>
<b>North &amp; Central Region</b>	<b>\$ 265</b>	<b>\$ 323 (22%)</b>

	Pre-65 Active 2014	Pre-65 Active 2015
<b>Pre-65 Managed Care</b>	<b>Geisinger Choice PPO</b>	<b>Geisinger Choice PPO</b>
<b>North &amp; Central Region</b>	<b>\$ 832</b>	<b>\$ 903 (9%)</b>

**Attachment 4**

**HIGHMARK**

**HIGHMARK BENEFITS - MEDICARE** Southwestern Region

	<b>Legacy Plan 2014</b>	<b>Active Plan 2015</b>	<b>Active Plan 2014</b>	<b>Legacy Plan 2015</b>
<b>Medical In-Network</b>	<b>Highmark Security Blue HMO</b>	<b>Highmark Security Blue HMO</b>	<b>Highmark Freedom Blue PPO</b>	<b>Highmark Freedom Blue PPO</b>
Annual Out of Pocket Maximum	\$3,400	\$3,400	\$3,400	\$3,400
Doctor Visits	\$10-PCP; \$20-Specialist	\$10-PCP; \$20-Specialist	\$10-PCP; \$15-Specialist	\$10-PCP; \$15-Specialist
Outpatient Surgery	\$0	\$0	\$0	\$0
Emergency Room	\$50 (waived if admitted)			
Diagnostic Testing	\$0	\$0	\$0	\$0
Outpatient Therapy	\$20	\$20/visit	\$15	\$15/visit
Durable Medical Equipment	15%	15%	15%	15%
Outpatient Mental Health	\$20	\$20	\$15	\$15/visit
Hospitalization	\$0	\$0	\$0	\$0
Inpatient Mental Health	\$0	\$0	\$0	\$0
Physical Exams	\$0*	\$0*	\$0*	\$0*
Ob/Gyn Exams	\$0*	\$0*	\$0*	\$0*
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	\$20	\$20	\$15	\$15
Prescription Lenses (every 24 months)	\$0 std. or contact lenses or \$100 allowance	\$0 std. or contact lenses or \$100 allowance	\$0 std. or contact lenses or \$100 allowance	\$0 std. or contact lenses or \$100 allowance
Hearing Aids (every 36 mos.)	\$500 allowance	\$500 allowance	\$500 allowance	\$500 allowance
Dental Care	Not Covered	Not Covered	30% routine; 40% dentures	<i>50% routine; 50% dentures</i>
<b>Medical Out-of-Network</b>	<b>In-Network Only</b>	<b>In-Network Only</b>		
Annual Deductible			\$250	\$250
Coinsurance			20% (50% DME)	20% (50% DME)

Benefit improvements in green underline, *benefit reductions in red italics*.

**HIGHMARK BENEFITS - MEDICARE Southwestern Region (continued)**

	Legacy Plan 2014	Active Plan 2015	Active Plan 2014	Legacy Plan 2015
Pharmacy Retail (Mail Service)	Highmark Security Blue HMO	Highmark Security Blue HMO	Highmark Freedom Blue PPO	Highmark Freedom Blue PPO
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$10 (\$25)	\$10	\$10 (\$25)	\$10
Preferred brand-name drugs	\$30 (\$75)	\$30	\$30 (\$75)	\$30
Non-preferred brand drugs	\$60 (\$150)	\$60	\$60 (\$150)	\$60
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	\$10 (\$25)	\$10	\$10 (\$25)	\$10
Preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Non-preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Specialty drugs	72%	<u>65%</u>	72%	<u>65%</u>
Catastrophic Coverage				
Generic drugs	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drugs	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

Benefit improvements in green underline, *benefit reductions in red italics*.

**HIGHMARK BENEFITS - MEDICARE North & Central and Southeastern Region**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
<b>Medical In-Network</b>	<b>Highmark Freedom Blue PPO</b>	<b>Highmark Freedom Blue PPO</b>	<b>Highmark Security Blue HMO</b>	<b>Highmark Security Blue HMO</b>
Annual Out of Pocket Maximum	\$3,400	\$3,400	\$3,400	\$3,400
Doctor Visits	\$10-PCP; \$15-Specialist	\$10-PCP; \$15-Specialist	\$10-PCP; \$20-Specialist	\$10-PCP; \$20-Specialist
Outpatient Surgery	\$0	\$0	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Diagnostic Testing	\$0	\$0	\$0	\$0
Outpatient Therapy	\$15	\$15/visit	\$20	\$20/visit
Durable Medical Equipment	15%	15%	15%	15%
Outpatient Mental Health	\$15	\$15	\$20	\$20
Hospitalization	\$0	\$0	\$0	\$0
Inpatient Mental Health	\$0	\$0	\$0	\$0
Physical Exams	\$0*	\$0*	\$0*	\$0*
Ob/Gyn Exams	\$0*	\$0*	\$0*	\$0*
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	\$15	\$15/visit	\$20	\$20
Prescription Lenses (every 24 months)	\$0 std. or contact lenses or \$100 allowance	\$0 standard lenses and frames or contacts, \$100 specialty frames or contacts	\$0 std. or contact lenses or \$100 allowance	\$0 standard lenses or contacts, \$100 specialty frames or contacts
Hearing Aids (every 36 mos.)	\$500 allowance	\$500 allowance	\$500 allowance	\$500 allowance
Dental Care	30% routine; 40% dentures	<i>\$50% routine; 50% dentures</i>	Not Covered	Not Covered
<b>Medical Out-of-Network</b>			In-Network Only	In-Network Only
Annual Deductible	\$250	\$250		
Coinsurance	20% (50% DME)	20% (50% DME)		

**HIGHMARK BENEFITS - MEDICARE (continued)**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Pharmacy Retail (Mail Service)	Highmark Freedom Blue PPO	Highmark Freedom Blue PPO	Highmark Security Blue HMO	Highmark Security Blue HMO
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$10 (\$25)	\$10 (\$25)	\$10 (\$25)	\$10 (\$25)
Preferred brand-name drugs	\$30 (\$75)	\$30 (\$75)	\$30 (\$75)	\$30 (\$75)
Non-preferred brand drugs	\$60 (\$150)	\$60 (\$150)	\$60 (\$150)	\$60 (\$150)
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	\$10 (\$25)	\$10 (\$25)	\$10 (\$25)	\$10 (\$25)
Preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Non-preferred brand drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Specialty drugs	72%	<u>65%</u>	72%	<u>65%</u>
Catastrophic Coverage				
Generic drugs	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drugs	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

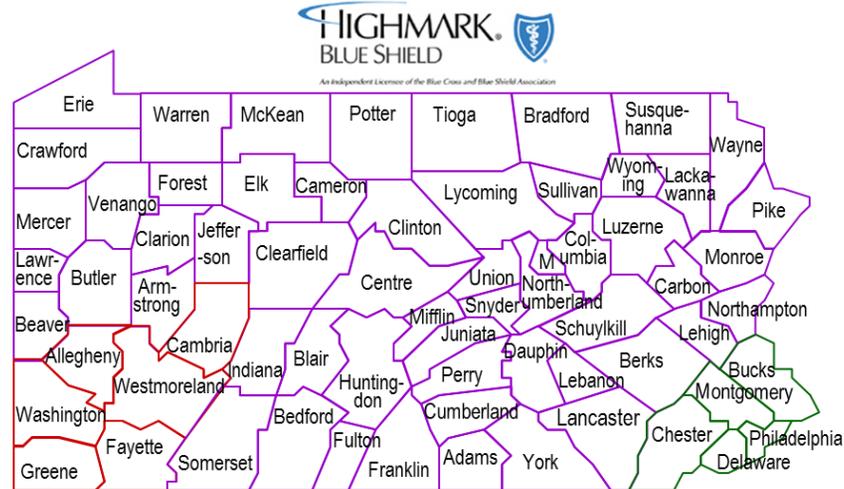
Benefit improvements in green underline, *benefit reductions in red italics*.

**HIGHMARK BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>	<b>Pre-65 Legacy 2014</b>	<b>Pre-65 Legacy 2015</b>
<b>Medical In-Network</b>	<b>Highmark PPO Blue</b>	<b>Highmark PPO Blue</b>	<b>Highmark PPO Blue – High</b>	<b>Highmark PPO Blue – High</b>
Annual Deductible	\$100 individual; \$300 family	\$100 individual; \$300 family	\$0	\$0
Annual Out-of-Pocket Maximum	\$10,000	\$10,000	No maximum	No maximum
Doctor Visits	\$20/\$40; deductible waived	\$20/\$40; deductible waived	\$10	\$10
Outpatient Surgery	20%	20% after deductible	\$0	\$0
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)
Diagnostic Testing	20%	20% after deductible	\$0	\$0
Outpatient Therapy	\$40 (limit 60); deductible waived	\$40 (limit 60); deductible waived	\$0 (limit 60)	\$0 (limit 60)
Durable Medical Equipment	20%	20% after deductible	\$0	\$0
Outpatient Mental Health	\$0; deductible waived	\$0	\$0	\$0
Hospitalization	20%	20% after deductible	\$0	\$0
Inpatient Mental Health	20%	20% after deductible	\$0	\$0
Physical Exams	\$20/visit-PCP; \$40/visit-specialist	\$20/visit-PCP; \$40/visit-specialist	\$10	\$10
Ob/Gyn Exams	\$40	\$40	\$10	\$10
Mammograms	20%	20% after deductible	\$0	\$0
Vision Exam/Hearing Exams (Every 24 months)	Not covered	Not covered	Vision Exam-\$10 Hearing not covered.	Vision Exam-\$10 Hearing not covered.
Prescription Lenses (/24 mos.)	Not covered	Not covered	Not covered	Not covered
Hearing Aids (/36 months)	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Medical Out-of-Network</b>				
Annual Deductible	\$500 individual; \$1,500 family	\$500 individual; \$1,500 family	\$250 individual; \$500 family	\$250 individual; \$500 family
Annual Out of Pocket Maximum	No maximum	No maximum	\$1,000/\$2,000 family	\$1,000/\$2,000 family
Coinsurance	30% after deductible	30% after deductible	20% after deductible	20% after deductible

<b>PRESCRIPTION DRUGS</b>				
Annual Deductible	\$0	\$0	\$0	\$0
Annual Maximum	No maximum	No maximum	No maximum	No maximum
<b>Retail Pharmacy</b>				
Generic drugs	30% (mandatory)	30% (mandatory generic)	\$8 (mandatory)	\$8 (mandatory generic)
Brand-name drugs	50%	50%	\$14	\$14
<b>Mail Order (90-day supply)</b>				
Generic drugs	30% (mandatory)	30% (mandatory generic)	\$16 (mandatory)	\$16 (mandatory generic)
Brand-name drugs	50%	50%	\$28	\$28

## HIGHMARK SERVICE AREA - PENNSYLVANIA



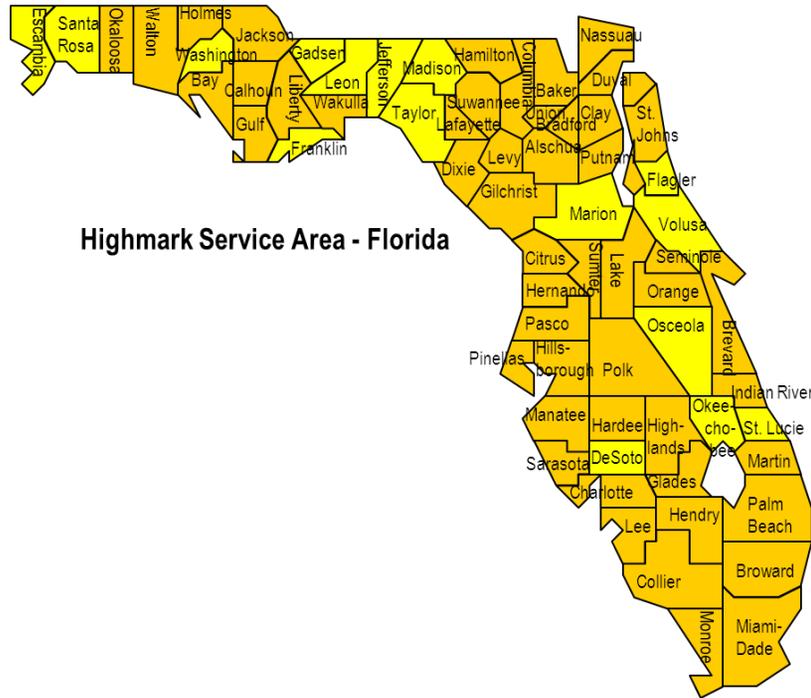
## HIGHMARK RATES - PENNSYLVANIA

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Medicare Advantage	Highmark Freedom Blue PPO	Highmark Freedom Blue PPO	Highmark Security Blue HMO	Highmark Security Blue HMO
<b>Southeastern Region</b>	<b>\$ 592</b>	<b>\$ 592 (0%)</b>	<b>No Legacy Plan</b>	<b>No Legacy Plan</b>
<b>North &amp; Central Region</b>	<b>277</b>	<b>\$ 308 (11%)</b>	<b>\$ 289</b>	<b>\$ 304 (5%)</b>

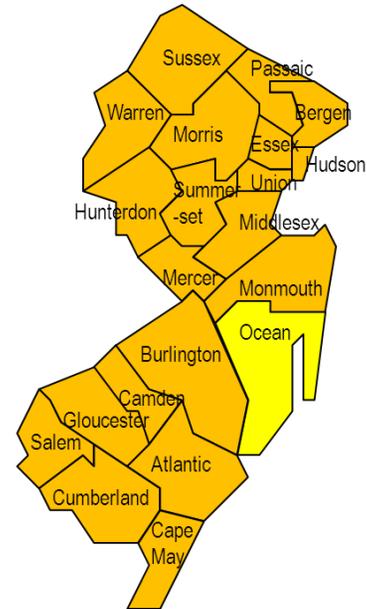
	Legacy Plan 2014	Active Plan 2015	Active Plan 2014	Legacy Plan 2015
Medicare Advantage	Highmark Security Blue HMO	Highmark Security Blue HMO	Highmark Freedom Blue PPO	Highmark Freedom Blue PPO
<b>Southwestern Region</b>	<b>\$ 298</b>	<b>\$ 304 (2%)</b>	<b>\$ 289</b>	<b>\$ 371 (28%)</b>

	Pre-65 Active 2014	Pre-65 Active 2015	Pre-65 Legacy 2014	Pre-65 Legacy 2015
Pre-65 Managed Care	Highmark PPO Blue	Highmark PPO Blue	Highmark PPO Blue – High Option	Highmark PPO Blue – High Option
All Areas	<b>\$ 1,007</b>	<b>\$ 982 (-2%)</b>	<b>\$ 1,255</b>	<b>\$ 1,298 (3%)</b>

**HIGHMARK SERVICE AREA – OUTSIDE PENNSYLVANIA**



**Highmark Service Area – New Jersey**



**HIGHMARK RATES – OUTSIDE PENNSYLVANIA**

	Active Plan 2014	Active Plan 2015
<b>Medicare Advantage</b>	<b>Highmark Freedom Blue PPO</b>	<b>Highmark Freedom Blue PPO</b>
<b>Low Cost Area</b>	<b>\$ 293</b>	<b>\$ 349 (16%)</b>
<b>High Cost Area</b>	<b>353</b>	<b>408 (19%)</b>

	Active Plan 2014	Active Plan 2015
<b>Pre-65 Managed Care</b>	<b>Highmark FreedomBlue PPO</b>	<b>Highmark FreedomBlue PPO</b>
<b>All Counties</b>	<b>\$ 1,007</b>	<b>\$ 982 (-2%)</b>

**Attachment 5**

**INDEPENDENCE BLUE CROSS / KEYSTONE EAST**

**INDEPENDENCE BLUE CROSS / KEYSTONE EAST BENEFITS - MEDICARE**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>	<b>Legacy Plan 2014</b>	<b>Legacy Plan 2015</b>
<b>Medical (In-Network)</b>	<b>Keystone 65 Select HMO</b>	<b>Keystone 65 Select HMO</b>	<b>Personal Choice 65 PPO</b>	<b>Personal Choice 65 PPO</b>
Annual out of pocket maximum	\$6,700	\$6,700	\$6,700	\$6,700
Doctor Visits	\$15-PCP; \$20-specialist	\$15-PCP; \$20-specialist	\$20-PCP; \$35-specialist	\$20-PCP; \$35-specialist
Outpatient Surgery	\$0	\$0	\$150	\$150
Emergency Room	\$40 (waived if admitted)	\$40 (waived if admitted)	\$40	\$40
Diagnostic Testing	\$0	\$0	\$0 lab; \$35 x-ray	\$0 lab; \$35 x-ray and radiology
Outpatient Therapy	\$20/visit	\$20/visit	\$35	\$35
Durable Medical Equipment	\$0	\$0	20%	20%
Outpatient Mental Health	\$25/visit	\$25/visit	\$35	\$35
Hospitalization	\$0	\$0	\$100/day (\$1,000 max/year)	\$100/day (\$1,000 max/year)
Inpatient Mental Health	\$0; 190 day lifetime max	\$0; 190 day lifetime max	\$100/day (\$1,000 max/year)	\$100/day (\$1,000 max/year)
Physical Exams	\$0	\$0	\$0	\$0
Ob/Gyn Exams	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	\$20	\$20	Not covered.	Not covered
Lenses (every 24 months)	\$100 allowance	\$100 allowance	Not covered	Not covered
Hearing Aids (every 36 months)	\$500 allowance	\$500 allowance	Not covered	Not covered
Dental Care (every 6 months)	\$15 cleaning/exam	\$15 cleaning/exam every 6 months	Not covered	Not covered
<b>Medical (Out-of-Network)</b>	<b>In-Network Only</b>	<b>In-Network Only</b>		
Deductible			\$500	\$500
Coinsurance			30%	30%
Annual out of pocket maximum			\$10,000 (in and out)	\$10,000 (in and out)

**INDEPENDENCE BLUE CROSS / KEYSTONE EAST BENEFITS - MEDICARE (continued)**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Pharmacy Retail (Mail Service)	Keystone 65 Select HMO	Keystone 65 Select HMO	Personal Choice 65 PPO	Personal Choice 65 PPO
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$5 (\$10)	\$5	\$5 (\$10)	\$5
Preferred brand-name drugs	\$30 (\$60)	\$30	\$30 (\$60)	\$30
Non-preferred brand-name drugs	\$50 (\$100)	\$50	\$50 (\$100)	\$50
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	\$5 (\$10)	\$5	\$5 (\$10)	\$5
Preferred brand-name drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Non-preferred brand-name drugs	47.5%*	<u>45%</u>	47.5%*	<u>45%</u>
Catastrophic Coverage				
Generic	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

Benefit improvements in green underline, *benefit reductions in red italics*.

**INDEPENDENCE BLUE CROSS / KEYSTONE EAST BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>	<b>Pre-65 Legacy 2014</b>	<b>Pre-65 Legacy 2015</b>
<b>MEDICAL In-Network</b>	<b>IBC Keystone HMO</b>	<b>IBC Keystone HMO</b>	<b>IBC Personal Choice PPO</b>	<b>IBC Personal Choice PPO</b>
Annual Deductible	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,500 individual; \$3,000 family	<i>\$6,600 individual/\$13,200 family</i>	No maximum	<u>\$6,600 individual/\$13,200 family</u>
Doctor Visits	\$15-PCP; \$30-specialist	\$15/PCP; \$30/specialist	\$15-PCP; \$25-specialist	\$15-PCP; \$25-specialist
Outpatient Surgery	\$50	\$50	\$100	\$100
Emergency Room	\$100	\$100	\$40 (waived if admitted)	\$40 (waived if admitted)
Diagnostic Testing	\$30; \$60 high tech	\$30; \$60 high tech	\$0 lab; \$25 x-ray	\$0 lab; \$25 x-ray
Outpatient Therapy	\$30	\$30	\$15	\$15
Durable Medical Equipment	30%	30%	\$25	\$25
Outpatient Mental Health	\$30	\$30	\$25	\$25
Hospitalization	\$100/day to (\$500 max)	\$100/day to (\$500 max)	\$100/day to (\$500 max)	\$100/day to (\$500 max)
Inpatient Mental Health	\$100/day to (\$500 max)	\$100/day to (\$500 max)	\$100/day to (\$500 max)	\$100/day to (\$500 max)
Physical Exams	\$15/PCP; \$30/specialist	\$15/PCP; \$30/specialist	\$15-PCP; \$25-Specialist	\$15-PCP; \$25-Specialist
Ob/Gyn Exams	\$0; \$15 non routine	\$0 routine, \$15 initial visit	\$0; \$15 non routine	\$0 routine, \$15 initial visit
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams (every 24 months)	\$30 Vision Hearing not covered	\$30 once every two years for Vision; hearing not covered	Not covered	Not covered
Prescription Lenses (every 24 mos)	\$100 allowance	\$100 allowance	Not covered	Not covered
Hearing Aids (every 36 months)	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Out-of-Network</b>	<b>In-Network Only</b>	<b>In-Network Only</b>		
Annual Deductible			\$500; \$1,000/family	\$500 individual/\$1,000 family
Out of Pocket Maximum			\$3,000; \$6,000/family	\$3,000; \$6,000/family
Coinsurance			30%	30%

<b>PRESCRIPTION DRUGS</b>				
<b>Retail Pharmacy</b>				
Generic drugs	\$15	\$15	50%	50%
Brand-name drugs	\$35 preferred; \$50 non-preferred	\$35 preferred; \$50 non-preferred	50%	50%
<b>Mail Order (90-day supply)</b>				
Generic drugs	\$30	\$30	50%	50%
Brand-name drugs	\$70 preferred; \$100 non-preferred	\$70 preferred; \$100 non-preferred	50%	50%

Benefit improvements in green underline, *benefit reductions in red italics*.

**INDEPENDENCE BLUE CROSS / KEYSTONE EAST SERVICE AREA**



**INDEPENDENCE BLUE CROSS / KEYSTONE EAST RATES**

	Active Plan 2014	Active Plan 2015	Legacy Plan 2014	Legacy Plan 2015
Medicare Advantage	IBC Keystone 65 HMO	IBC Keystone 65 HMO	Personal Choice 65 PPO	Personal Choice 65 PPO
<b>Southeastern Region</b>	<b>\$ 299</b>	<b>\$ 326 (9%)</b>	<b>\$ 636</b>	<b>\$ 665 (11%)</b>

	Pre-65 Active 2014	Pre-65 Active 2015	Pre-65 Legacy 2014	Pre-65 Legacy 2015
Pre-65 Managed Care	IBC Keystone HMO	IBC Keystone HMO	Personal Choice PPO	Personal Choice PPO
<b>Southeastern Region</b>	<b>\$ 1,295</b>	<b>\$ 1,439 (11%)</b>	<b>\$ 1,291</b>	<b>\$ 1,438 (11%)</b>

**Attachment 6**

**UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC)**

**UPMC BENEFITS - MEDICARE**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>
<b>Medical (In-Network Only)</b>	<b>UPMC For Life HMO</b>	<b>UPMC For Life HMO</b>
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400	\$3,400
Doctor Visits	\$5 PCP/\$20 Specialists	\$5 PCP/\$20 Specialists
Outpatient Surgery	\$0	\$0
Emergency Room	\$65 (waived if admitted)	\$65 (waived if admitted)
Diagnostic Testing	\$0 – labs/\$10 – general x-rays \$30 – advanced imaging	\$0 – labs/\$10 – general x-rays/ \$30 – advanced imaging
Outpatient Therapy	\$20	\$20
Durable Medical Equipment	15%	15%
Outpatient Mental Health	\$20	\$20
Hospitalization	\$0	\$0
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0	\$0
Ob/Gyn Exams	\$0	\$0
Mammograms	\$0	\$0
Vision Exam/Hearing Exams (every 24 months)	\$250 combined allowance for routine vision exam and eyewear, \$20 hearing exams	\$250 combined allowance for routine vision exam and eyewear, \$20 hearing exams
Prescription Lenses (every 24 months)	\$250 combined allowance for routine vision exam and eyewear	\$250 combined allowance for routine vision exam and eyewear
Hearing Aids (once every 36 months)	\$1,000 allowance	\$1,000 allowance
Dental Care	Not covered	Not covered

<b>Pharmacy Retail (Mail Service)</b>		
Annual deductible	\$0	\$0
Initial Coverage		
Generic drugs	\$5 (\$10)	\$5 (\$10)
Preferred brand-name drugs	\$30 (\$75)	\$30 (\$75)
Non-preferred brand-name drugs	\$70 (\$210)	\$70 (\$210)
Specialty drugs	33%	33%
Coverage Gap		
Generic drugs	\$5 (\$10)	\$5/\$0 Select Care
Preferred brand-name drugs	47.5%*	<u>45%</u>
Non-preferred brand-name drugs	47.5%*	<u>45%</u>
Catastrophic Coverage		
Generic drug	The greater of 5% or \$2.55	<i>The greater of 5% or \$2.65</i>
Brand drug	The greater of 5% or \$6.35	<i>The greater of 5% or \$6.60</i>

\* Including 50% manufacturer's Discount

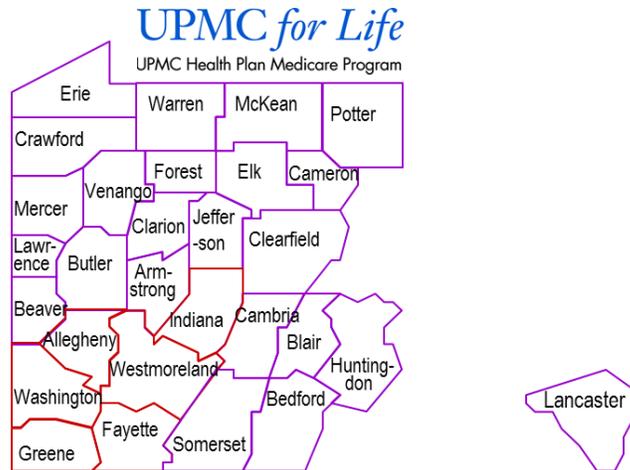
Benefit improvements in green underline, *benefit reductions in red italics*.

**UPMC BENEFITS – PRE-65**

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>
<b>MEDICAL In-Network Only</b>	<b>UPMC Health Plan EPO</b>	<b>UPMC Health Plan EPO</b>
Annual Deductible	\$500 Individual/\$1,000 Family	\$500 Individual/\$1,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual/\$8,000 Family	\$4,000 Individual/\$8,000 Family
Doctor Visits	\$20-PCP; \$40-specialist	\$20-PCP; \$40-specialist
Outpatient Surgery	20%	20%
Emergency Room	\$100 (waived if admitted; deductible waived)	\$100 (waived if admitted; deductible waived)
Diagnostic Testing	20%	20%
Outpatient Therapy	\$40 (deductible waived) 60 visit max	\$40 (deductible waived) 60 visit max
Durable Medical Equipment	20%	20%
Outpatient Mental Health	\$30 (deductible waived)	\$40/visit
Hospitalization	20%	20%
Inpatient Mental Health	20%	20%
Physical Exams	\$0 (deductible waived)	\$0 (deductible waived)
Ob/Gyn Exams	\$0 (deductible waived)	\$0 (deductible waived)
Mammograms	\$0 (deductible waived)	\$0 (deductible waived)
Vision Exam (every 24 months)	Not covered	
Hearing Exams		Not covered
Prescription Lenses	Not covered	Not covered
Hearing Aids (once every 36 months)	Not covered	Not covered
Dental Care	Not covered	Not covered

<b>PRESCRIPTION DRUGS</b>		
Annual Deductible	\$0	\$0
Annual Maximum	\$0	\$0
<b>Retail Pharmacy</b>		
Generic drugs	\$8	\$8
Brand-name drugs	\$38	\$38
Non-Preferred Brand drugs	\$76	\$76
Specialty	\$76	\$76
<b>Mail Order (90-day supply)</b>		
Generic drugs	\$16	\$16
Brand-name drugs	\$76	\$76
Non-Preferred Brand drugs	\$152	\$152
Specialty	N/A	N/A

**UPMC SERVICE AREA**



**UPMC RATES**

	<b>Active Plan 2014</b>	<b>Active Plan 2015</b>
<b>Medicare Advantage</b>	<b>UPMC For Life HMO</b>	<b>UPMC For Life HMO</b>
<b>Southwestern Region</b>	<b>\$ 234 (0%)</b>	<b>\$ 234 (0%)</b>
<b>North &amp; Central Region:</b>	<b>234 (0%)</b>	<b>\$ 234 (0%)</b>

	<b>Pre-65 Active 2014</b>	<b>Pre-65 Active 2015</b>
<b>Pre-65 Managed Care</b>	<b>UPMC Health Plan EPO</b>	<b>UPMC Health Plan EPO</b>
<b>Southwestern Region</b>	<b>\$ 1,384 (0%)</b>	<b>\$ 1,384 (0%)</b>
<b>North &amp; Central Region</b>	<b>1,384 (0%)</b>	<b>\$ 1,384 (0%)</b>

**Attachment 7**

**HOP SELF-FUNDED PLANS**

**HOP SELF FUNDED BENEFITS - MEDICARE**

	<b>HOP Medical Plan with Basic Rx 2014</b>	<b>HOP Medical Plan with Basic Rx 2015</b>	<b>HOP Medical Plan with Enhanced Rx 2014</b>	<b>HOP Medical Plan with Enhanced Rx 2015</b>
<b>MEDICAL</b>				
Annual Deductible	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$750 (applies to major medical only)	\$750 (applies to major medical only)	\$750 (applies to major medical only)	\$750 (applies to major medical only)
Doctor Visits	\$10	\$10	\$10	\$10
Outpatient Surgery	\$0	\$0	\$0	\$0
Emergency Room	\$25	\$25	\$25	\$25
Diagnostic Testing	\$25 (MRI & CT scans)	\$25 (MRI & CT scans)	\$25 (MRI & CT scans)	\$25 (MRI & CT scans)
Outpatient Therapy	\$0	\$0	\$0	\$0
Durable Medical Equipment	10% (\$100 max/item)	10% (\$100 max/item)	10% (\$100 max/item)	10% (\$100 max/item)
Outpatient Mental Health	\$0	\$0	\$0	\$0
Hospitalization	\$0	\$0	\$0	\$0
Inpatient Mental Health	\$0	\$0	\$0	\$0
Physical Exams	Wellness Assessment	Wellness Assessment	Wellness Assessment	Wellness Assessment
Ob/Gyn Exams	\$10	\$10	\$10	\$10
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	Not covered	Not covered	Not covered	Not covered
Prescription Lenses	Not covered	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered

**HOP SELF FUNDED BENEFITS - MEDICARE (continued)**

	HOP Medical Plan with Basic Rx 2014	HOP Medical Plan with Basic Rx 2015	HOP Medical Plan with Enhanced Rx 2014	HOP Medical Plan with Enhanced Rx 2015
PHARMACY	Retail Pharmacy (Mail Service 90-day)	Retail Pharmacy (Mail Service 90-day)	Retail Pharmacy (Mail Service 90-day)	Retail Pharmacy (Mail Service 90-day)
Annual deductible	\$0	\$0	\$0	\$0
Initial Coverage				
Generic drugs	\$7 (\$21)	\$8 (\$24)	\$7 (\$21)	\$7 (\$21)
Preferred brand drugs	30% (\$60 max for up to 30-day supply; \$120 max for 31- to 90-day supply (\$100 max for 34- to 90-day supply)	30%; <i>\$100</i> max for up to 30-day supply; <i>\$250</i> max for 31- to 90-day supply ( <i>\$225</i> max for 34- to 90-day supply)	25%; \$50 max for up to a 30-day supply; \$100 max for 31- to 90-day supply (\$90 max for 34- to 90-day supply)	25%; <i>\$65</i> max for up to a 30-day supply; <i>\$130</i> max for 31- to 90-day supply ( <i>\$120</i> max for 34- to 90-day supply)
Non-preferred brand drugs	40% with no max	40% with no max	Same as Preferred	<i>35% up to \$75 (\$150 for 90-days) (\$190 for 90-days by mail)</i>
Specialty drugs	33%	33%	33%	33%
Coverage Gap				
Generic drugs	72%	<u>65%</u>	\$7	\$7
Preferred brand-name drugs	47.5%*	<u>45%*</u>	47.5%*	<u>45%*</u>
Catastrophic Coverage				
Generic	The greater of 5% or \$2.55 to a maximum of \$100 max	<i>The greater of 5% or \$2.65 to a maximum of \$100 max</i>	The greater of 5% or \$2.55 to a maximum of \$100 max	<i>The greater of 5% or \$2.65 to a maximum of \$100 max</i>
Brand	The greater of 5% or \$2.55 to a maximum of \$100 max	<i>The greater of 5% or \$6.60 to a maximum of \$100 max</i>	The greater of 5% or \$2.55 to a maximum of \$100 max	<i>The greater of 5% or \$6.60 to a maximum of \$100 max</i>

\* Including 50% manufacturer's Discount

Benefit improvements in green underline, *benefit reductions in red italics*.

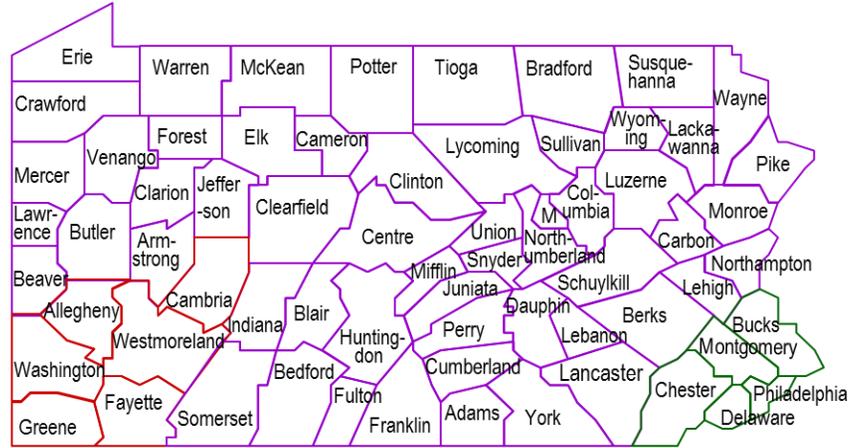
**HOP SELF FUNDED BENEFITS – PRE-65**

	HOP Pre-65 Medical Plan 2014	HOP Pre-65 Medical Plan 2015	HOP Pre-65 Medical Plan 2014	HOP Pre-65 Medical Plan 2015
<b>Medical In-Network</b>	<b>w/o Prescription Drugs</b>	<b>w/o Prescription Drugs</b>	<b>w/ Prescription Drugs</b>	<b>w/ Prescription Drugs</b>
Annual Deductible	\$1,500	\$1,500	\$1,500	\$1,500
Annual Out-of-Pocket Maximum	\$5,500	\$5,500	\$5,500	\$5,500
Annual Benefit Maximum	\$250,000	\$250,000	\$250,000	\$250,000
Doctor Visits	25%	25%	25%	25%
Outpatient Surgery	25%	25%	25%	25%
Emergency Room	25%	25%	25%	25%
Diagnostic Testing	25%	25%	25%	25%
Outpatient Therapy	25%	25%	25%	25%
Durable Medical Equipment	25%	25%	25%	25%
Outpatient Mental Health	25%	25%	25%	25%
Hospitalization	25%	25%	25%	25%
Inpatient Mental Health	25%	25%	25%	25%
Physical Exams	\$0	\$0	\$0	\$0
Ob/Gyn Exams	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0
Vision Exam/Hearing Exams	Not covered	Not covered	Not covered	Not covered
Prescription Lenses	Not covered	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
<b>Medical Out-of-Network</b>				
Annual Deductible	\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance	40%	40%	40%	40%

<b>Prescription Drugs</b>	Not Covered	Not Covered		
Annual Deductible			\$350	\$350
Annual Maximum			\$3,000	\$3,000
Generic drugs			50%*	50%*
Brand-name drugs			50%	50%
Critical Care drugs*			50% (100% after \$100)*	50% (100% after \$100)*

\* Benefit continues after Annual Maximum is reached

**HOP SELF-FUNDED PLAN SERVICE AREA IN PENNSYLVANIA**



**HOP SELF-FUNDED PLAN STANDARD RATES IN PENNSYLVANIA**

Medicare Plans - Standard Rates	HOP Medical Plan with Basic Rx 2014	HOP Medical Plan with Basic Rx 2015	HOP Medical Plan with Enhanced Rx 2014	HOP Medical Plan with Enhanced Rx 2015
<b>Southeastern Region</b>	<b>\$ 231</b>	<b>\$ 237 (3%)</b>	<b>\$ 283</b>	<b>\$ 290 (2%)</b>
<b>Southwestern Region</b>	<b>227</b>	<b>233 (3%)</b>	<b>279</b>	<b>286 (2%)</b>
<b>North &amp; Central Region</b>	<b>201</b>	<b>207 (3%)</b>	<b>253</b>	<b>260 (3%)</b>

Pre-65 Plans	HOP Pre-65 Medical Plan without Rx 2014	HOP Pre-65 Medical Plan without Rx 2015	HOP Pre-65 Medical Plan with Rx 2014	HOP Pre-65 Medical Plan with Rx 2015
<b>All Regions</b>	<b>\$ 717</b>	<b>\$ 761 (6%)</b>	<b>\$ 827</b>	<b>\$ 877 (6%)</b>

**2015 HOP SELF-FUNDED RATES (INCLUDING RATES OUTSIDE PENNSYLVANIA)**

		Southeast			
		Out of State Zone 1			
<b>HOP Medical Plan (no Rx coverage)</b>		<b>2014</b>	<b>2015</b>	<b>\$ Increase</b>	<b>%</b>
Standard Rates	Single	\$199	\$199	\$0	0%
	Two Person	392	392	0	0%
Age 65 Rates	Single	170	170	0	0%
	Two Person	334	334	0	0%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	176	176	0	0%
	Two Person	347	347	0	0%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	182	182	0	0%
	Two Person	359	359	0	0%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	188	0	0
	Two Person	N/A	371	0	0
<b>HOP Medical + Basic Medicare Rx</b>					
Standard Rates	Single	\$231	\$237	\$6	3%
	Two Person	456	468	12	3%
Age 65 Rates	Single	202	208	6	3%
	Two Person	398	410	12	3%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	208	214	6	3%
	Two Person	411	423	12	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	214	220	6	3%
	Two Person	423	435	12	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	226	0	0
	Two Person	N/A	447	0	0
<b>HOP Medical + Enhanced Medicare Rx</b>					
Standard Rates	Single	\$283	\$290	\$7	2%
	Two Person	560	574	14	2%
Age 65 Rates	Single	254	261	7	3%
	Two Person	502	516	14	3%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	260	267	7	3%
	Two Person	515	529	14	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	266	273	7	3%
	Two Person	527	541	14	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	279	0	0
	Two Person	N/A	553	0	0

**Zone 1:** CONNECTICUT, DELAWARE (Kent, Sussex), FLORIDA (Baker, Columbia, De Soto, Flagler, Gadsden, Hardee, Holmes, Jackson, Lake, Lee, Leon, Madison, Manatee, Marion, Okeechobee, Osceola, Pasco, Polk, Saint Lucie, Santa Rosa, Sarasota, Suwannee, Union, Volusia, Wakulla, Washington), ILLINOIS, MARYLAND (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Dorchester, Frederick, Howard, Kent, Montgomery, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, Worcester), MISSISSIPPI, NEVADA, NEW JERSEY (Atlantic, Bergen, Cape May, Camden, Hudson, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union), NEW YORK (Nassau, Orange, Putnam, Queens, Rockland, Suffolk, Sullivan, Ulster, Westchester), OKLAHOMA

**2015 HOP SELF-FUNDED PLAN RATES (INCLUDING RATES OUTSIDE PENNSYLVANIA) (continued)**

		Southwest			
		Out of State Zone 2			
<b>HOP Medical Plan (no Rx coverage)</b>		<b>2014</b>	<b>2015</b>	<b>\$ Increase</b>	<b>%</b>
Standard Rates	Single	\$195	\$195	\$0	0%
	Two Person	384	384	0	0%
Age 65 Rates	Single	166	166	0	0%
	Two Person	327	327	0	0%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	172	172	0	0%
	Two Person	339	339	0	0%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	178	178	0	0%
	Two Person	351	351	0	0%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	184	0	0
	Two Person	N/A	363	0	0
<b>HOP Medical + Basic Medicare Rx</b>					
Standard Rates	Single	\$227	\$233	\$6	3%
	Two Person	448	460	12	3%
Age 65 Rates	Single	198	204	6	3%
	Two Person	391	403	12	3%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	204	210	6	3%
	Two Person	403	415	12	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	210	216	6	3%
	Two Person	415	427	12	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	222	0	0
	Two Person	N/A	439	0	0
<b>HOP Medical + Enhanced Medicare Rx</b>					
Standard Rates	Single	\$279	\$286	\$7	3%
	Two Person	552	566	14	3%
Age 65 Rates	Single	250	257	7	3%
	Two Person	495	509	14	3%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	256	263	7	3%
	Two Person	507	521	14	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	262	269	7	3%
	Two Person	519	533	14	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	275	0	0
	Two Person	N/A	545	0	0

**Zone 2** ARIZONA, CALIFORNIA, DELAWARE (New Castle), FLORIDA (Baker, Columbia, De Soto, Flagler, Gadsden, Hardee, Holmes, Jackson, Lake, Lee, Leon, Madison, Manatee, Marion, Okeechobee), INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSOURI, MONTANA, NEBRASKA, NEW HAMPSHIRE, OHIO, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, WEST VIRGINIA, WYOMING

**2015 HOP SELF-FUNDED PLAN RATES (INCLUDING RATES OUTSIDE PENNSYLVANIA)  
(continued)**

		North & Central			
		Out of State Zone 3			
HOP Medical Plan (no Rx coverage)		2014	2015	\$ Increase	%
Standard Rates	Single	\$169	\$169	\$0	0%
	Two Person	329	329	0	0%
Age 65 Rates	Single	144	144	0	0%
	Two Person	279	279	0	0%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	149	149	0	0%
	Two Person	291	291	0	0%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	154	154	0	0%
	Two Person	301	301	0	0%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	159	0	0
	Two Person	N/A	311	0	0
<b>HOP Medical + Basic Medicare Rx</b>					
Standard Rates	Single	\$201	\$207	\$6	3%
	Two Person	393	405	12	3%
Age 65 Rates	Single	176	182	6	3%
	Two Person	343	355	12	4%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	181	187	6	3%
	Two Person	355	367	12	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	186	192	6	3%
	Two Person	365	377	12	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	197	0	0
	Two Person	N/A	387	0	0
<b>HOP Medical + Enhanced Medicare Rx</b>					
Standard Rates	Single	\$253	\$260	\$7	3%
	Two Person	497	511	14	3%
Age 65 Rates	Single	228	235	7	3%
	Two Person	447	461	14	3%
Age 65 Rates (2 <sup>nd</sup> Year)	Single	233	240	7	3%
	Two Person	459	473	14	3%
Age 65 Rates (3 <sup>rd</sup> Year)	Single	238	245	7	3%
	Two Person	469	483	14	3%
Age 65 Rates (4 <sup>th</sup> Year)	Single	N/A	250	0	0
	Two Person	N/A	493	0	0

**Zone 3:** FLORIDA (Escambia, Franklin, Jefferson, Taylor), HAWAII, IDAHO, IOWA, MAINE, NEW MEXICO, NEW YORK (Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Courtland, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, St. Lawrence), NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH DAKOTA, VERMONT, VIRGIN ISLANDS, VIRGINIA, WASHINGTON, WISCONSIN

**2015 HOP SELF-FUNDED PLAN RATES (INCLUDING RATES OUTSIDE PENNSYLVANIA)  
(continued)**

	<b>All Regions</b>			
<b>Medicare Prescription Drug Plans</b>	<b>2014</b>	<b>2015</b>	<b>\$ Increase</b>	<b>%</b>
<b>Basic Medicare Rx Only</b>				
Single	\$32	\$38	\$6	19%
Two Person	64	\$76	12	19%
<b>Enhanced Medicare Rx Only</b>				
Single	\$84	\$91	\$7	8%
Two Person	168	\$182	14	8%

	<b>All Regions</b>			
<b>Pre-65 Retiree Options</b>	<b>2014</b>	<b>2015</b>	<b>\$ Increase</b>	<b>%</b>
<b>HOP Pre-65 Medical Only</b>				
Single	\$717	\$761	\$44	6%
Two Person	1,578	1,673	95	6%
<b>HOP Pre-65 Medical with Rx</b>				
Single	\$827	\$877	\$50	6%
Two Person	1,819	1,929	110	6%